

January to June 2018

Progress Report



Child Protection Centers and Services



## Forword



*The elections are behind us to turn Nepal into a federal state. Due to the change in the political landscape, new decisions and laws are still a bit swampy, and the administrative side of the work for INGOs and NGOs is confusing.*

*Because of the busy political agendas, Child Protection was put in the shadows, but fortunately, there are new forces that want to do their utmost to respect children's rights.*

*CPCS does not engage with politics but can not deny that it influences the day-to-day operation of the Centers. Especially the Street Social Workers are experiencing new difficulties on the field.*

*Despite the new obstacles, CPCS continues its work and always tries to benefit the child.*

*However, it is not only the administration that causes problems. Nepal's geology is fragile where nature always creates new surprises. If it is not earthquakes, then it is flooding. That is why we worked hard at the regional center in Dolakha to win the battle against the heavy monsoon showers. Additional retaining walls were built around the site, and this has already paid off. There have already been heavy rains, and the buildings and infrastructure have remained dry.*

*The Family Care Centers opened in the rural areas Dolakha, Charikot, and Morang. Children, their families, and the community can go there for medical, legal and practical reasons. After all, CPCS believes that an organization should be as close as possible to the people and beneficiaries to listen and to understand their problems. This is the only way to find good and logical solutions.*

*CPCS supports hundreds of children with education, health care, psychological counseling, legal support, job training. Children who had to leave their home for a variety of reasons can count on our team to find their way back home. Sometimes this does not go smoothly, but with negotiations with village communities and authorities, reasonable solutions are often found.*

*Unfortunately, this is impossible for some children.*

*As for 15-year-old Anup Tamang who survived five years on the streets and accidentally drunk acid from a mineral water bottle. He spent months in the CPCS Recovery Center, was repeatedly hospitalized, underwent two surgeries. Anup fought hard for his life but had to give up the fight.*



*Rest in Peace dear brave friend.  
You will live forever in our hearts.*

.....  
Inge Bracke  
Country Representative Nepal



## Table of Contents

<b>INTRODUCTION .....</b>	<b>5</b>
<b>OUR MISSION .....</b>	<b>6</b>
<b>OUR OBJECTIVES.....</b>	<b>6</b>
<b>OUR PARTNERS .....</b>	<b>6</b>
<b>ACHIEVEMENTS (JAN – JUNE 2018) .....</b>	<b>7</b>
25 PROGRAMS & ACTIONS PLANNED IN 2018 .....	9
<b>PREVENTION SERVICES.....</b>	<b>10</b>
Introduction – Improving Family-Based Care and Community Involvement.....	10
Program : FAMILY CARE CENTER (FCC) .....	11
Program : CLASS (CPCS Local Action Centers and Services) : .....	15
The operating Prevention Centers : .....	16
A. National Office, at Godawari, Lalitpur .....	16
B. Regional Office and FCC's (Deurali – Dolakha - Charikot) .....	16
C. Regional Office and FCC (Morang).....	18
D. Regional Office + FCC (Sindhuli).....	19
10 CLASS CENTERS REORGANISED in APRIL 2018.....	19
OTHER AWARENESS PROGRAMS .....	20
<b>RISK REDUCTION .....</b>	<b>22</b>
Introduction.....	22
The Rehabilitation Shelter- Godawari .....	23
The Street Work .....	26
The Recovery CENTER (Medical support).....	28
Medical Support Program (MSP) .....	29
The Emergency Line 5560700 .....	30
Legal Protection Program.....	31
Counseling Services .....	32
<b>SOCIAL REHABILITATION.....</b>	<b>34</b>
Introduction.....	34
De-institutionalisation, Family-Based Care and Residential Schooling Support (RSS). 35	
CPCS Drop In Center (DIC), Godawari .....	35
The Rehabilitation Center for Girls.....	36
Dolakha Rehabilitation Program .....	37
The Schooling Program .....	41
The Youth Program.....	42



<b>ADMINISTRATION .....</b>	<b>45</b>
The Team (In Nepal) .....	45
The Management (In Nepal) .....	46
The Board of Directors .....	46
The Executive Committee (CDC – Central Direction Committee) .....	46
The Staff Meetings.....	46
Implementation of Child Protection Policy .....	46
Child Participation .....	47
Networking with Authorities State Bodies and other organizations .....	48
Networking with NGOs and other Child Protection Organizations.....	48
<b>OUTLOOKS FOR 2018 .....</b>	<b>49</b>
<b>CPCS ALLIANCE – CONTACT AND OFFICES.....</b>	<b>50</b>
CPCS Int (Nepal office).....	50
CPCS France .....	50
CPCStan .....	50
CPCS Belgium .....	50
CPCS International (European Office) .....	50

## Abbreviations

104	Police Cell – Found and Missing Children
CCWB	Central Child Welfare Board
CLASS	CPCS Local Action and Support Services
CPP	Child Protection Policy
DIC	Drop In Center
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
RSS	Residential Schooling Support
SEE	Secondary Education Exam
SSW	Social Street Worker
SWC	Social Welfare Board





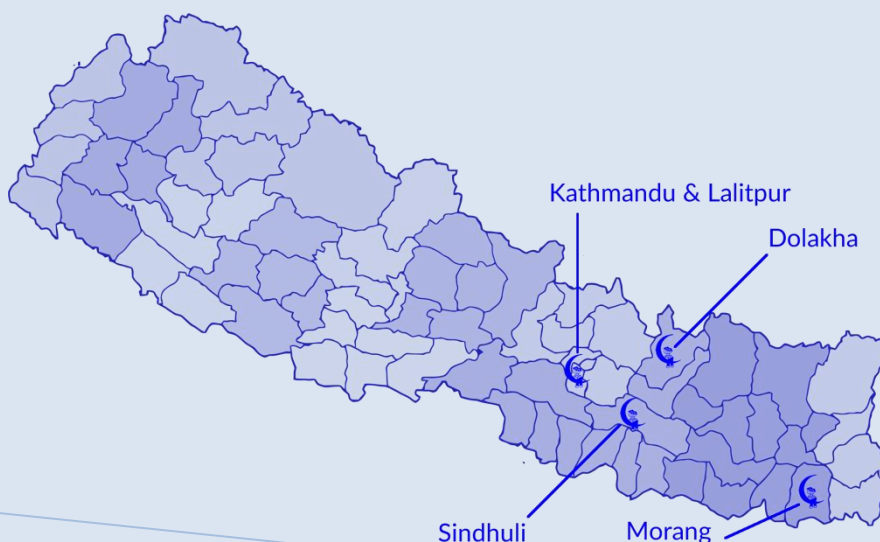
## INTRODUCTION

**CPCS** works on the protection of street-based children and children at risk 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 well paying 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.

### 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 the street.
  - ✓ 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 the dangers of street life.
- **Social Rehabilitation** (*after life in the street*): a mid-term perspective focusing on progressive and eventual reintegration of the child into society.

**66 (Part time and regular) Staffs** work in our centers and programs: **1 Risk Reduction Center, 1 Rehabilitation Centers** and **13 CLASS Centers** (CPCS Local Action Support and Services) in Kathmandu valley. **20 other CLASS centers in 3 districts. 3 Family Care Centers (FCC)** in **Dolakha** (near the border with Tibet) in the north of central region, **Morang** and **Sindhuli** in South of Eastern region, nearby India.





## OUR MISSION

CPCS aims to work 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 street-based children and children at risks.

## OUR OBJECTIVES

- To develop services directly on the street to offer protection to street-based children and to reduce the risks they are exposed to.
- To develop services allowing street-based children 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 society.
- To reduce risks that the children face when they are in the street.
- To give the street-based children basic education, attention and support.
- To protect the children's fundamental rights.
- To raise awareness on street-based children's situation in Nepal and abroad.
- To give the children access to healthcare and hygiene services.
- To reintegrate the 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 the streets.

## OUR 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, 21. De Brug – Belgium, 22. The Van Dijk Family and friends, 23. PPOT (Belgium)



## ACHIEVEMENTS (JAN – JUNE 2018)

### CLASS & PREVENTION PROGRAMS

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

- 1 Regional Center 85 children, 3 CLASS 70 children and RSS in 19 children Morang District Total 174.
- 10 CLASS Center 230 and RSS in 78 Kathmandu District for 308 children
- 4 CLASS center 196 children, 2 FCC 150 in Dolakha and Charikot, 28 children in RSS, In 3 ECD 41 children in Dilakha District for total 448 children.
- 1 Regional center, 1 CLASS and RSS in Sindhuli District for 120 children.
- This year 23 children passed SEE through different CLASS Center.

In total, 1050 children receive full scholarship through our Regional office, FCC, RSS and CLASS - Prevention programs. 174 Children in ORCHID, 308 in CPCS Kathmandu, and 120 in CRPC Centers in Sindhuli district. 448 children in CPRC Dolakha in total in Jan to June 2018.

But 10 CLASS Centers (CLASS Belbari, Bayarban, Kamala, Phosretar, Kutidanda, Kshamawati, Tikhatat, Kalanki, Sanothimi and Kritipur) Closed (251 children) due to lack of funds

### CLASS, 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, Home work 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

- 132.755 Children attended the daily tuition class, activities and snacks form prevention program.
- 356 times organized health session (camp, check up, awareness) for 12.894 children in different center.
- 1.309 children are get medicine and health service from prevention program.
- 414 children send local hospital, health post and health center for treatment and 6 children send to Kathmandu for further treatment for different center.
- 7.577 parents are attended 255 times meeting in different center.
- 2.377 children's home visited frequently by LSA.
- 382 time attended meeting with GO, NGO, Club, community by prevention team (LSA and Staffs).
- 23 children passed SEE.

### EMERGENCY LINE

62 calls treated by the emergency line: 9 for medical assistance, 1 other, and 53 information calls received this first semester. "National Centre for Children at Risk" referred 75 children to our DIC through the line.



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

- 468 cases of assistance during the First Aid (day & night) patrols of our medical teams.
- 1.115 medical consultations, 1.166 cases were admitted in our recovery centers clinics.
- In average, 8 children are treated daily in our recovery centers.
- 45 cases were referred to various hospitals for further checkup.
- 10 children were admitted in hospitals for 115 stay days.

### **SCHOOLING PROGRAM**

- 2 Youth enrolled in schools +2 through our residential schooling programs.
- 1 Boys and 2 Girls Passed SEE this year from our residential.

### **COUNSELING SERVICES**

- CPCS psychosocial counselors gave individual counseling for 79 cases and group counseling for 41 cases.
- 12 cases were linked to physical and moral abuses.
- General Awareness class 78
- Awareness session with team 14.

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

- 28 youths or children benefited from legal assistance after they were taken into custody. 6 were released after our intervention.
- 17 Jails and 28 Custodies visits
- 16 Meetings with Police
- 354 children attending in Class on legal matters and 2 Awareness Programs conducted with Public

### **REHABILITATION AND DIC PROGRAMS**

- 75 new children enrolled in CPCS Rehabilitation program.
- 75 children were referred by Central Child Welfare Board (CCWB) and Center for Children at Risk (104).
- 31 children/ Youth send to other organization for rehabilitation.
- 33 children / Youth family reunification.
- 18 children/ Youth family visit
- 14 children/ Youth Drop out and 1 pass away.

### **YOUTH PROGRAM**

- 2 youth job placement.
- 5 youth family reunification.
- 2 Girls and 1 boy completed SEE.





## 25 PROGRAMS & ACTIONS PLANNED IN 2018

1. Socialization centers facilities for 30 to 50 children daily.
2. Informal Education Service: working and meeting on the street 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 each month)
4. Emergency line 24 hours in Katmandu and focusing on street based children and youth.
5. Recovery Center & medical care for 50 to 70 children, youths and street adults monthly.
6. Counseling & Psychological support for 200 to 300 children monthly. (mainly in Dolakha and Kathmandu offices)
7. Research on various issues (abuse, drugs, livelihood and other risk issues.)
8. Daily Game and activities for 1500 to 1800 children.
9. Cultural Activities for 1500 to 1800 children daily.(including CLASS programs)
10. Youth Empowerment Programs for 20-40 street youths.
11. Family visits and reunification for 10-15 children monthly.
12. Schooling Support for 1524 children. (Through “CLASS” program or other programs)
13. Public awareness campaigns.
14. Socialization-alphabetization classes for 1600-1800 children daily.
15. Creating international awareness about children’s rights and the street-based children’s situation.
16. Local networking and international partnerships.
17. Rehabilitation process for 30-50 children and youths yearly.
18. Hygiene - clothes distribution for 1200 to 1600 children.
19. 10 to 20 safety lockers for working street-based children. (Street bank).
20. Leisure activities as picnics, camps or games in the open.
21. Kitchen club - feeding 100 to 200 children daily. (+ snacks for 1500)
22. Raising children’s self-esteem and awareness about children’s rights, fundamental rights and national law.
23. Children library and literacy classes for 1500-1800 children daily.
24. Child social Rehabilitation process. Individual interventions for children and youths.
25. 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 outside and inside of the Kathmandu valley in order to prevent the arrival of children to the streets. We developed different programs focused on families, community and children “at risk”. The precise aim is to address the multiple problems and risks met by children in certain cities in Nepal where the phenomenon is triggered. Children are at a risk of being victims of domestic violence, social exclusion, drug abuse or lack of family planning. Combinations of those causes push children to escape from their village to seek refuge elsewhere. That is why CPCS want to stop the flow of children at the source and reduce their number by encouraging and sustaining their education.

Launched in 2004 in Dolakha, **CLASS** (*CPCS Local Action and Support Services*) is a prevention program focused on different realities of the street and working directly on their foundations: village problems, domestic violence, social exclusion, consumption of alcohol or drugs, absence of family planning, etc. Through the **CLASS** program, we support children, in their home place, for schooling and scholarship; we enhance their parent’s awareness on their right to education, on the importance to attend school, on the risks associated with school dropout and on the dangers of the streets. After two years of a pilot project in Morang and Sindhuli, we reached the conclusion that those two Regional Centers have again a better impact than the 25 or 50 kids CLASS Centers, are cost effective and easier to monitor. FAMILY CARE CENTERS (FCC) functioning as Morang and Sindhuli Pilot project will progressively replaced 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 as well as other factors : origin of street-based children (area prone to unsafe migration), areas affected by poverty, semi or urban area, areas with interested schools open for a partnership and good collaboration, areas where local community and a local NGO commit itself to support the project (and not covered by other partners/INGO’s)

## Program : FAMILY CARE CENTER (FCC)

The FCC concept is based on three objectives:

- 1.-Preventing Family-Child Separation and unsafe migration;
- 2.-Promoting a community-based approach to family preservation;
- 3.-Ensuring access to education for children in vulnerable conditions.



Since April 2018, 5 FCC's are running, one in Sindhuli District, one in Morang District, three in Dolakha District.

The idea is to support 75 children and their 75 families in a rural or semi-urban (per FCC). The focus as for the CLASS project is marginalised communities, children who cannot go to school due to economic and other social circumstances and poor rural families who are not able to take care of their family and sent their children to school (poverty, discrimination). The selected children need support to stay in the schooling system and avoid unsafe migration, family separation and/or reaching the street. They are the most vulnerable group and the risk of abuse is high.



A local team is responsible for the wellbeing and good contact with the beneficiaries and their families. (One admin-Social Worker dealing with accounting and support to families – one social worker (cleaning, caring children, teaching) and one Medical Person (Nurse or Ha) able to provide hygiene classes, awareness classes, basic medical care, tuitions and support.



Appropriate family-based Care is the focus. Weekly sessions with families, parents to discuss about various matters are organised. The FCC's are open daily and runs as day-care center. It's open for discussions about child rights, migration, hygiene, medical and legal problems, personal problems and obstacles in daily life. The center has enough space for 100 children but at the start up 75 kids are selected. The children come daily (after school sessions, daily snacks, library, support with school work). There is a common room for social activities like games, possibility to take care for personal hygiene and for basic health care.



Families and local community are totally integrated in the process and a local NGO/partner is selected to provide the necessary care, infrastructure and materials (training, support and monitoring by CPCS International) The center is a base for family reunification and back support of the CPCS Deinstitutionalisation system. Street work, family visits and back support for Local Street children are also clear missions of the center.

The center is non-residential, open daily during 8 hours. On Saturday's and public holidays the center is open 3 hours a day. A local Child Club will be set up and the Child Participation (election system of two ministers, etc), child empowerment is the main goal. The focus is on girls and girls empowerment. Prevention of traffic, empowerment of mothers, child rights advocacy, and defence for vulnerable persons in a non violent environment are an additional focus.





### How an FCC works :

- Children can come from any public school in the surrounding;
- School costs/fees will be paid, uniform and basic stationeries provided;
- Daily homework support Class;
- Library access;
- Sports and Games activities;
- Bi-weekly awareness meeting with families on parenting skills, migration, health, hygiene;
- Health and hygiene follow up for the children and their siblings;
- Daily snacks provided;
- Saturday and during day offs the center is open 3 hours with sports, cultural activities, TV;
- Community active participation and involvement;
- Child Club establishment and Minister System (to elect child representatives);
- Coordination with local authorities and District Education Officers;
- Basic support of local street-based children (field work);
- Family-based visits (to assess situations) advises, and provide good parenting tools;
- Team Capacity building;
- Weekly discussions 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 any moral or physical violence tolerated;
- Possibility to wash clothes and to bath;
- Active participation in local programs, events;
- Family reunification process and follow up.;
- Medical Corner and follow up with local hospitals (partnerships for free treatment);
- Legal advises and support for birth certificate and other documents;
- Emergency zone in case of natural or political problem (Child Protection Zone);
- Youth empowerment;







## 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 streetchildren at its source. Our CLASS program aims to raise awareness among ordinary people and stakeholders outside and inside the Kathmandu valley area.

Through the CLASS program, CPCS conducts prevention programs in 4 Regional Office 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 showing that they were the ones from which the majority of street children come from, notably because major roads pass by these towns.

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.

Altogether 2.050 parents, teachers and children benefit from our CLASS Programs. 4 offices; National and Regional deliver CPCS support to the children through 23 local centers and 66 staffs.

### 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 Chamelidevi Piya 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





## The operating Prevention Centers :

### A. National Office, at Godawari, Lalitpur

18 regular staffs and 15 part time staffs work for the office in various programs including Prevention : *CLASS, "Drop In Center" (DIC), rehabilitation center, legal and medical support, counseling, field services, youth empowerment, school support, residential school support and education support for families.* 2 boys attend school through the residential program. 308 children are in a CLASS programs.

### B. Regional Office and FCC's (Deurali – Dolakha - Charikot)

24 staffs (full time and part time) work *daily* in the 3 CLASS and 3 ECD (Early Child Development) programs 2 FCC (Family Care Center) Program and Regional office Deurali 448 children, living with their families, attend schools, FCC, Regional office, ECDs and CLASS programs.

*3 CLASS and 3 ECD Centers, 3 FCC, Regional Center Deurali for 448 children, running regular in regional office Dolakha.*

All centers (Lapilang, Kshamawati, Deurali, Bhedikhor, Lamanagi, FCC Dolakha, FCC Charikot) are located in Bhimeshwor Municipality and surrounding Rural Municipality. 3 schools have now their own ECD (Early Child Development) Centers, children, supported by our programs (shree kalinchowk higher Secondary school, Shree Mahendrodaya Secondary, Lapilang Higher secondary Raj Kuleshwor 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.

### *CLASS Centers in Dolakha region*

School	Address	CENTER	Children	ECD Children
Shree Mahendrodaya Sec. School	Mati, Dolakha	RSS Mati	6	0
Shree Lapilang Secondary School	Lapilang, Dolakha	CLASS Lapilang	44	13
Shree Kutidanda H Sec School	Bhimeswar, Dolakha	RSS Kutidanda	4	0
Shree Kshamawati H Sec School	Kshamawati, Dolakha	RSS Kshamawati	10	0
Shree Manthali Secondary School	Manthali, Ramechhap	RSS	8	0
Shree Buddha Primary School	Kshamawati, Dolakha	CLASS Deurali	8	7
Shree Lamanagi L S School	Kshamawati, Dolakha	CLASS Lamanagi	118	21
Shree Bhumeswari Primary School	Kshamawati, Dolakha	CLASS Bhedikhor	26	0
FCC Charikot	Bhimeswar, Dolakha	FCC Charikot	75	0
FCC Dolakha	Bhimeswar, Dolakha	FCC Dolakha	75	0
Regional Center	Deurali, Dolakha	Regional Office	33	0







### C. Regional Office and FCC (Morang)



Morang is located in Morang district adjoining the district Sunsari (2 dense populated districts), at 20 kilometers from Indian boarder. It is used mainly during reunification processes and links with the families living in the district (174 children supported). A small medical corner (*part of our CLASS programs*) provides check up and care as well as it provides services to the schooling children and their parents. The center runs also daily CLASS programs. Parents also attend a monthly awareness meeting in the center. **5** staffs work daily with **174** children in **1 Regional Office, 3 CLASS Programs** and **2 RSS** in the Rehabilitation 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 the children (*from underprivileged families*) are supported for their education in 6 government schools (*school and extra-class CLASS activities: Kabir Secondary School ,Janata Secondary School, Shree Devi Secondary School, Shree Mahendra Secondary School from Belbari Municipality, Koshi Haraicha Municipality, Itahari Sub mertopolitencity, Lahan Municapility* ). 85 Children from "Kabir Higher Secondary School" attend daily CLASS activities in the regional office.

*April 2018 - 2 CLASS Centers closed due to faze out (CLASS Belbari, CLASS Bayarban)*

***Running CLASS and RSS Centers for 174 children in Regional Office Morang.***

School	Address	CENTER	Children
Shree Mahendra Secondary School	Koshi Haraincha- 6, Morang	KOSHI HARAINCHA	25
Shree Janata Secondary School	Itahari - 8, Sunsari	ITAHARI	15
Shree Saraswati Aadarsh S School	Lahan - Siraha	LAHAN	21
Shree Kawir Secondary School	Belbari- 4, Morang	REGIONAL OFFICE	85
Shree Devi Secondary School	Birtamod - Jhapa	RSS	8
	Surunga - Jhapa	RSS	10





## D. Regional Office + FCC (Sindhuli)

Sindhuli is a mid-hill district at the junction of the main highway to Indian boarder and East way highway. It is located in heart of Sindhuli city. *It* is used for the reunification process and links with the families living in the district. A small medical corner provides check up and can cure children as well as it provides services to the children at risks.

**6** staffs work daily in **1** Regional Office **1** CLASS programs with **117 children** from underprivileged families. All live with their families and attend schools in 8 government schools (*Panchakanya Secondary, Shree Siddhi primary, Bhabishya Nirman Secondary school, Shree kamala Secondary Shree Janajyoti from Kamalamai*). **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.

### *1 Regional and 1 Running CLASS Centers and RSS for 219 children in regional office Sindhuli*

All CLASS Centers have been 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. Those of Bhabishya Nirman Higher Secondary School and Shree Sidhhi Primary school attend daily CLASS activities in CRPC office. **From April 2018 we closed 2 CLASS Centres (CLASS Kamala and CLASS Phosretar because of lack of fund.**

School	Address	CLASS CENTER	Children
Shree Siddhi Primary School	Kamalamai, Sindhuli	Regional Office	10
Shree Kamala Sec School	Kamalamai, Sindhuli	RSS	5
Shree Janajyoti Sec School	Kamalamai, Sindhuli	RSS	3
Shree Panchakanya Sec School	Kamalamai, Sindhuli	CLASS Sindhuli	27
Shree Bhawisya Nirmata S School	Kamalamai, Sindhuli	Regional Office	75

## 10 CLASS CENTERS REORGANISED in APRIL 2018

Due to lack of financial resources and changes in government policies, we had to adapt 10 Centers in different districts, (*Morang, Dolakha, Kathmandu, Bhaktapur and Sindhuli*) and ensure Kids support through FCC's or RSS.

CLASS Center	District	Children
Belbari	Morang	25
Bayarban	Morang	25
Phosretar	Sindhuli	22
Andhari	Sindhuli	20
Kshamawati	Dolakha	50
Kutidanda	Dolakha	50
Tikhatal	Dolakha	25
Sanothimi	Bhaktapur	10
Kalanki	Kathmandu	14
Kritipur	Kathmandu	10

## OTHER AWARENESS PROGRAMS

### WITH THE FAMILIES

CPCS has been able to collect data and conduct several studies on the topic of street children in Nepal. This has enabled the organization to identify the underlying characteristics of poor households that are likely to lead to the migration of a child 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 times, alcohol consumption, family break-up or domestic violence can result in children running away from their homes and placing all their dreams in the myth of the city. The relationship with the family is therefore a key element in addressing the issue of street children. Hence, CPCS has developed prevention programs targeted not only at the street 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 involve with children “at risk” 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 kinds), 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 STREET-BASED CHILDREN

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 street children 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 facilitates communication with the children.





## WITH THE PUBLIC

Different stakeholders interact with street children in Nepal, including the general public, security forces, shopkeepers, tourist professionals, tourists and schools. CPCS considers that the issue of street children should not only be tackled at the children and their families' level, but also at the level of these other stakeholders. The image of street-based children amongst the public is generally quite negative. Because they wear dirty clothes, use bad language and deny most social norms, they are considered social parasites, young criminals and drug addicts. Children often feel that they have no other choice but to live outside 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 street children 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 street children's 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 a key to our work. Our objective is to calm tensions between the police and the children. Today, thanks to a good relationship with CPCS, the police prefer 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 behaviors are harmful to their image and make it necessary for the police to intervene.







## RISK REDUCTION

### Introduction

CPCS respects the child's wishes and believes. It is the child's own decision to come to CPCS and then to 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 street-based children 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, constituted the first steps to the building of a relationship between the child and CPCS. CPCS then offered any street child who desire 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 street-based children within our centers, we gain experience about the daily life and problems of street-based children. In addition, CPCS values very much its network with other NGOs working with street-based children 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 street-based children.

*Nepal's Government has changed its policy concerning street-based children in coordination with existing NGOs. First Aid services directly in the street are now forbidden in favor of placement in Rehabilitation centers.* MOWCSW and CCWB have published a [Guidelines and operational manual](#) for organizations working with street children concerning the **Drop In Centers(DIC)** and Rehabilitation/Socialization centers. They started that program on 10 May 2016 in partnership with 10 NGOs.





## The Rehabilitation Shelter- Godawari

Due to some policy changes decided by the Central Child Welfare Board, our “shelters” are not fully open anymore. Children have to stay inside and follow a full socialization process. The socialization center is a place where former street-based children 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 this 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.

### *Our Aims*

- ✓ *To offer the children a safe place to sleep, take care of their personal hygiene and socialize with other children.*
- ✓ *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 street-based children 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 possibility to play an active role in the organization of the center (maintenance, household cleaning, food shopping, cooking, and for 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 at 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.

*Activites 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 built an additional building to ensure appropriate child care in our Godawari center.*





## Case Study

### Suresh Tamang (name changed) – 12 years old

*Bishal used to live with his parents but ended up at the new bus park in Kathmandu. His father is a shoemaker, and his mother is a laborer. His parents beat him regular with a stick and he ran away from the domestic violence in his home. He wanted to go to his uncle house, but got lost and police caught him in Bhrikutimandap. The 104 Police cell (missing and found children) send him in to the CPCS center. Now, he feels pleased in CPCS DIC. He involves in activities and plays various games. He likes to watch TV. He wants to study and become an army soldier. He does not like to stay with his parents because of the violence he faces daily. His father and mother both beat him regular hard, he does not like his family. He wants to continue his study correctly. He wants to contribute for his nation.*

### Nirendra Rai (name changed) – 7 years old

*Nirendra is from Kadabari, Okhaldhunga. He used to study in grade 1. His father works in construction (jyami). Both his father and mother drank alcohol. He ran away from his house to Kathmandu with his friend. Then he became a street child. In the street, he used to live in Lagankhel on his own. At Lagankhel he used to beg for some money and food. Other big boys beat him very badly. He asked a shopkeeper for help. He stayed two months in the streets at Lagankhel. After two months, he moved to the Bir hospital area (Ratna Park). Here he ate rice for two days without paying money but his friend went to home, and he became alone again. He spends a few days at Ratna Park where the police (104) caught him. They send him to the CPCS DIC. He said he was surprised. Now he feels pleased to stay in the Center because he has made many friends who him. He feels safe as well. He feels delighted because he got good food, clothes and he can play with his friends. He likes the informal classes. He participates in all activities. Staff and youths love him very much. He likes to make drawings. He would like to be an artist in his future life. He wants to be a dancer. He said he goes home when he will be a grown-up young boy. He will help his parents but will also continue painting.*

### Krishna Tamang (name changed) - 10 years old

*Krishna is from Kohalpur (West Nepal). His father and mother were farmers at that time. His brother had a job, his sister helped in the household, and he used to take care of the goats and buffaloes. He studied in class 2 in the Shree Dalik Secondary School. His parents migrated and left him with his sister. A few months later she got married and he was alone. His mother got an accident and fell from the top of a house. Immediately his father took her to the hospital but unluckily she passed away. Then his father went to India for work and Krishna was alone in the village. He ran away to Kathmandu and reached the airport side. A civil person gave him some money for food; he spent some weeks on the street untill the police (104) rescued him and similarly sent him to the CPCS DIC. He is thrilled to stay at CPCS DIC. He makes many friends and friends love him very much. He enjoys that there is regular food. He studies and enjoys the activities in the center. He loves to play carom board and football with his friends. He wants to go back to school. He will like to become a doctor in his future life. He does not want to return home because there is nobody to look after him.*



## The Street Work

### 1. Day Field Visits

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

#### DAY FIELDS VISITS MONTHLY STATISTICS

Day Field Visits (KTM)	Total	J	F	M	A	M	J
Area 1 - Avg No. of children	128	15	20	22	24	22	25
Area 2 - Avg No. of children	76	10	12	14	12	14	14
Area 3 - Avg No. of children	48	7	8	6	7	10	10
Area 4 - Avg No. of children	66	7	10	10	11	14	14
Area 5 - Avg No. of children	35	5	6	5	6	7	6
Children met by Simple Field	317	105	102	110	0	0	0
Children brought to center by Simple Field	45	10	15	20	0	0	0

### 2. 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 street-based children hang out at night. Every night, we meet an average of **7** children.

The main objective is to reduce the children risks exposure 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 him to one of our centers.

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



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

Night Field Visits (KTM)	Tot.	J	F	M	A	M	J
Area 1 - Average No. of Children	20	4	4	3	3	3	3
Area 2 - Average No. of Children	9	3	2	1	1	1	1
Area 3 - Average No. of Children	5	3	2	0	0	0	0
Area 4 - Average No. of Children	3	1	1	1	0	0	0
No. of Children treated on Field	101	28	16	9	17	19	12
Children brought to center by Simple field	0	0	0	0	0	0	0
Average No. children in daily Night field	37	10	7	4	5	6	5







## The Recovery CENTER (Medical support)

The *Recovery Center of Godawari* is open 24 hours a day. Professional Health Assistants and qualified nurses work in shifts. In average, 16 children receive care daily.

In the clinic, equipped with 10 beds, sick children can recover. Special meals can be prepared according to doctors' recommendations. The clinic also treats many viral diseases and epidemics. Children can receive daily consultations and needed treatments including hospitalizations. We face several cases: fracture, hernia, accident, RTI, spinal and hand necrosis. Other cases were: HIV, fractures, head injuries Road traffic accident, tuberculosis, infected wounds, varicella, dental problem ,fall injury, gang fight injury, stab injury, spinal injury, dog bite, flues, chest infection ,nephritic syndrome, gastritis, physical assault, seizure disorder, scabies syphilis down syndrome autism and eye/ear problem etc.







## MEDICAL SUPPORT MONTHLY STATISTICS

MEDICAL SUPPORT RECOVERY GODAWARI	Tot.	J	F	M	A	M	J
No. of children (Out patients) treated	468	73	62	87	77	91	78
Daily average	16	2	2	3	3	3	3
Number of “clinic in” children treated	1115	216	158	158	137	218	228
Daily average	37	7	5	5	5	7	8
No. of In-Patients Nights	1166	190	131	234	176	226	209
Average age of in-patients	78	14	11	15	12	12	14
Number of hospital cases	45	1	5	3	11	17	8
Number of patients admitted in hospital	10	1	2	1	2	2	2
Hospitalization Days	115	29	37	24	5	10	10

### Medical Support Program (MSP)

It aims to support street-based children’s medical rights and consists of

- ✓ Conducting day-and-night field visits and provide first-aid treatment to street-based children directly on the streets.
- ✓ 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 street-based children and youths’ awareness about the risk of HIV, AIDS, drugs, Hepatitis, Jaundice, STI’s, STD’s and other communicable diseases.

CPCS medical staffs are present in different zones 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, trainings 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 street children 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, trainings 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 street-based children 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 for information.

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

### EMERGENCY LINE MONTHLY STATISTICS

Emergency Line Cases	Tot.	J	F	M	A	M	J
Medical Problems	9	3	0	1	2	2	1
Under Arrest	0	0	0	0	0	0	0
Abuses - trafficking	1	0	0	0	0	0	1
Others	0	0	0	0	0	0	0
Child Labour	0	0	0	0	0	0	0
Information	52	7	7	13	6	7	12
Line Calls Total	62	10	7	14	8	9	19

*Child Focus* Notices about child 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 Medias (Facebook, Twitter...)

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

## Case Study

### Prakash Nepali (name changed) – 12 years old

*Prakash Nepali is a 12 yrs old boy. He is from Kusma – Baacha. His father is a construction worke. His mother left the family and remarried. So there was no one to take care for him. One day he was roaming around he got lost and reached Kathmandu.*

*There he got some new street friends and started smoking, drinking, and using dendride-glue. 104 police caught him and referred him to the CPCS DIC. He had severe chest pain, and CPCS staffs admitted him at the hospital (Gangala Hospital) for treatment. He is suffering from VSD (Ventricular septal defect). According to the doctor, he needs surgery. The operation is planned in July 2018.*



## Legal Protection Program

CPCS provides legal assistance to street-based children and youth. Professional lawyers are ready to intervene when a child is involved in illegal detention, for recovering wage from an employee, in cases of sexual abuses, or when a street child wants to initiate the legal procedures to obtain his birth registration, his citizenship certificates or to recover parental inheritance. A CPCS lawyer and a staff member conduct also regular visits to police custodies. 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.	J	F	M	A	M	J
Jail visits	17	2	3	4	2	4	2
Children/youths in jail	12	2	2	2	2	2	2
Custodies visits	28	5	6	3	6	3	5
Children/youths met in custody	6	3	1	0	2	0	0
Children/youths released from custody	6	3	1	0	2	0	0
Court Action	0	0	0	0	0	0	0
Meetings with Police	16	5	6	2	1	1	1
Awareness Program / Class with children	25	6	4	2	7	4	2
Children in Class programs	354	51	60	55	88	56	44
Awareness Programs with Public	2	1	1	1	0	0	0

*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 experienced street life and some forms of violence, trauma or torture. A majority of them has been victims of physical, psychological or sexual abuses and has experienced drug addiction, criminal activities, or detention. These experiences often result in psychological disorders such as low self-esteem, loneliness, insecurity, inferiority complex, substance addiction or violent behavior. Therefore, CPCS provides children with a 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 to the psychosocial support cell, but children can also request to meet a counselor. The cell in collaboration with the involved staff ensures an effective follow-up of each case. Counselors make also recommendations concerning the possible and suitable rehabilitations for each child (family re-unification, schooling).

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

COUNSELING SERVICES Godawari	Tot.	J	F	M	A	M	J
Individual Counseling	79	28	23	18	10	9	17
Group Counseling	41	15	15	12	11	8	15
General Awareness Classes	78	18	15	15	12	12	15
Sexual Abuses Victims Support	0	0	0	0	0	0	0
Physical and moral abuse victims supported	12	4	3	1	2	1	3
Awareness Sessions with the team	14	2	2	2	2	2	3





## Case Study

### Laxmi Pariyar (name changed) - 15 years old

*Laxmi is a 15 year old girl. She is studying in class five. Her father is a guard; her mother is a domestic worker. She has a younger brother. In the beginning, her parents could not support her education, so they left Purnika in her grandparent's house. Purnika lived there to support her grandparents. But instead of education she got to work as a domestic servant in a private home. She was sexually abused by her employé. One day she managed to escape and was found by 104 police who brought her to the CPCS Emergency room for girls. Laxmi was very upset and distracted, she needed several counseling sessions.*

*After a while she could go back to her grandparents home. Small support from CPCS gave her an opportunity to study, and she is making the most out of it.*





## SOCIAL REHABILITATION

### Introduction

CPCS has developed services to encourage street-based children's social Rehabilitation as well as to protect them from risks. One of the objectives is the child's reintegration into its community and with its family if the conditions allow it. 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, when they want, to find their path toward a better future either through family reunification or by any other most suiting mean: non-formal education, formal education or vocational training.

### THE IDENTIFICATION PROCESS

We try to collect as much information as possible about children we met. 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 its family, as long as and if the situation allows it. In addition, street-based children often express their will to go back to their houses during counseling sessions and interaction with the social worker. Family reunification success relies on the child's willingness to return home and on the family's readiness to receive him again. CPCS never pressures a child to go back to its family or on a family to take back a child. We have thus 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 for 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 its 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 monitor the evolution of the situation. This way we can see if the child stays with the family or 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 families voluntarily.



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

CPCS believes in family care, love and support for children, our ultimate goal being to make family responsible and aware about child right and 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 to their own family** from girls and boy's program. 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. It is coordinated within our CLASS programs and by prevention teams regularly visiting schools and students.

### REHABILITATION MONTHLY STATISTICS (JAN-JUNE 2018)

	Particular	Jan	Feb	Mar	Apr	May	Jun	Total
OO	Other Organization	6	4	4	11	4	2	31
F/R	Family Reunification	2	1	3	8	13	6	33
F/V	Family Visit	6	0	3	4	3	2	18
D/O	Drop Out	0	1	1	1	5	6	14
P/A	Pass Away	0	0	0	1	0	0	1

## CPCS Drop In Center (DIC), Godawari

The CPCS Drop In Centre is for former street and working children 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 bring back children's self-esteem. It enables children to get over bad street habits such as drug addiction, violence, and pick pocketing, and preparing 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 with help from 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	75	23	3	12	12	11	14
Field from Organization CPCS	0	0	0	0	0	0	0
Family Reunification	24	2	2	4	2	9	5
Refer to Other organization	15	4	4	3	1	1	2
Drop Out	13	0	0	1	2	4	6

*Supported by the La Chaine de l'espoir – Viewjant Foundation – Les amis de Soeur Emmanuelle*

### **The Rehabilitation Center 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 under lies and false promises. CPCS works with women's organizations that specialize in trafficking of women and girls. CPCS takes care of the emergency shelter. The girls can stay in the emergency center until a humane solution is found for them.

*Supported by Kids in Need – Nepal*

### **Case Study**

#### **Shilu KC (name changed) – 11 years old**

*Shilu KC Danuwar is studying in class 3 in Shree Kawir Secondary School, Belbari, Morang. Her father passed away when she was one year old. Her mother remarried. Her elder sister Susma is a laborer. Her sister has to migrate to different places for work. Her uncle and her neighbor take care of her. Her sister earns very little money. Thus, it is not enough to fulfill Sushmita's basic needs. They do not have their own house and property. Sushmita wants to continue her studies. When she grows up, she wants to become a social worker and help the ones in need. She needs the support and assistance of CPCS to continue her education and reach her goals.*





## 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 in their family or village community and not in 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 due to 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 had it even more difficult than before. As there was nothing left in their area, children and sometimes families decided to flee to the cities in the hope of finding work or at for a better life. Traffickers also became very active and led children with false promises to Kathmandu. Once arrived in Kathmandu many children were left to their own devices, or disappeared in networks. CPCS wants to bring these children back to their families. 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 « low caste » and are paperless, do not have rights, have no property and work since human memory on the landlords fields. Often the farmer must deliver the yield to their 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 a school teacher, it is investigated which children can not attend school due to poor economic conditions in the family.





Given the difficult circumstances in which the schools should work, 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 street-based children 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. CPCS believes in community participation and involvement near where the base of the problem is. In this case it's important to be near 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 together for solutions.

For this CPCS constructed a building for boys and girls separate, a recovery center with an ambulance service and a regional common room with a library, games. The common room is also open for the surrounding communities. Children and their families come to the center for several reasons.

This can be from medical to legal, to assist with the homework or just a listening ear to everyday problems. To play, to watch tv, to have a snack. In short: everything that suppose to happen in a common room and for the community.

- **23** boys in the in a rehabilitation program in Dolakha..
- **33** children's are come to the regional center daily from local area (common room).
- **100** and more families benefit from the common room, medical center and library.
- Total **448** family members in total bebenefit by program.
- **500** and more children use the libraries in schools and regional office Deurali , Dolakha.

The goats and chicken farm provide for own use of 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. The word not to sent your daughters to the big cities to have a so-called better future is spread. The common room is a meeting point for the beneficiaries, local residents as well as the surrounding schoolchildren and their teachers. School children in two schools have access to a library and games.









### DOLAKHA PROGRAMS MONTHLY STATISTICS

<b>MEDICAL SUPPORT Dolakha</b>	<b>Total</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>A</b>	<b>M</b>	<b>J</b>
No. of children (Out patients) treated	160	11	13	46	36	33	21
Patients admitted in clinic	8	2	2	0	4	0	0
In Patients bed Nights	47	21	6	0	20	0	0
No. Of community patients treated	327	34	50	48	44	81	70
Ambulance of referred community patients	27	2	8	10	3	4	0
Total # of referred CPR child patient	23	4	4	7	3	5	0
Children treated on the field	0	0	0	0	0	0	0
<b>Total</b>	<b>592</b>	<b>74</b>	<b>83</b>	<b>111</b>	<b>110</b>	<b>123</b>	<b>91</b>

<b>Dolakha Rehabilitation Center</b>	<b>Tot.</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>A</b>	<b>M</b>	<b>J</b>
No. of children (beg)	11	2	2	3	4	0	0
New children	5	0	1	1	0	0	3
F.R from office	1	0	0	0	1	0	1
Internal Referral	5	0	0	0	0	0	2
Drop Out	0	0	0	0	0	0	0
No. of children (end)	2	2	3	4	0	0	2

<b>Dolakha Schooling</b>	<b>Tot.</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>A</b>	<b>M</b>	<b>J</b>
Scholarised children (beg)	23	41	36	36	35	22	18
New children	3	0	0	0	3	0	0
Other NGO Reffer	22	5	0	1	16	0	0
Drop Out	3	0	0	0	0	3	0
Internally Referred Kids	0	0	0	0	0	0	0
Scholarised children (end)	23	0	0	0	0	0	0



## The Schooling Program

Due to family problems or lack of information on families' whereabouts, family reunification is sometimes not suitable for some of the street-based children. 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 street-based children. Children attend government schools and pass exams like any other student. They attend classes in Nepali, English, mathematics, social studies, sciences, and sports.

Most street-based children 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.

### **Pasang Thami (name changed) – 11 years old**

*Pasang lives in Dolakha with his seven family members. His father and mother are both uneducated and are from a marginalized group. They have no land and live on a small piece of land in a hut. They are farmers on other's land. They have to give the crops to the owner and may keep a minimum for themselves to survive. Pasang's father said: how can I provide my children education? We all have to work. Without work we do not get food so how can I send them to school? He and his siblings work as domestic worker in the village, but they also go to school. Now his father and mother participate in different community meetings, and the representative of the organization convinced them. Because of the educational support from CPCS, Pasang's study further improved. The parents regularly participate in the community meetings, and after awareness classes, they said that they made a mistake in not sending the children to school and realize the pain they gave to them but that they had little choice because of poor economical conditions.*



## The Youth Program

Many former street-based children 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 be given responsibilities and to be fully involved in their Rehabilitation process for it to be a success. 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 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 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 organized awareness programs and orientation for youths to motivate 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. 7 youth live in Godawari.

### YOUTH PROGRAM MONTHLY STATISTICS

Nbr of	Jan	Feb	Mar	Apr	May	Jun
Scholarised Youths (beg)	11	9	13	13	10	8
Non-scholarised Youths (beg)	4	4	4	4	4	4
New Youth	0	0	0	0	0	0
Family Reunified Youthss	0	0	0	3	2	0
Internally Referred youths	2	0	0	0	0	0
Other Ngo Ref Youths	0	0	0	0	0	1
Drop out Youths	0	0	0	0	0	0
Scholarised Youths (end)	13	13	13	10	8	7







## Case Study

### Sonam Lama (name changed) – 17 years old

*He has no idea about the family/ permanent Address he only listen **Hetauda Phaparbari**. His father name is Dorge lama and Mother's name is Phulmaya lama. He has two siblings elder brother name is Furba lama and small brother name is Pema Lama. He was arrival in cpcs with street friends at that time he was worked in hotel in Hadigau, Kathmandu. In the beginning both parents were used to drink and make quarrel each other. Big brother was working in hotel but he never shares the name of hotel.*

*When he presents his discipline he enrolled in the rehab program but due to unclear address still there is no finding his family. He spends his childhood in Kathmandu not in village. He reach in street because father left mother and escape somewhere else, they never meet with father after this event. Mother sheltered in one of the relative hotel as worker in Hadigau there were three children so why mother start job. Then big brother also disappeared from the location but small brother also with mother. After the sometime when he visit the place there was no hotel in the same place. Now Sonam complete his secondary examination level by getting 2.85 GPA. Still he is keeping his study continue. He want to go his village for once to search the family.*

*By the rescept of youth intersest our reunification team send him makawanpur for his family fisit. It was 4 days visit of his parents or relatives searching. During the visit people can not recongize hima gain he back to our program and enrolled in the class 11 study in Kitini secondary school. Still we are trying to finding his family. We are in the connection of local government and police of his village, where our legal team also providing help to him and us.*



## ADMINISTRATION

**Child Protection Centers and Services International** was established formally in December 2005. (but running activities since the 19 July 2002) It works to serve children at risk and street-based children. After 11 years of partnership with CPCS NGO, three new organisations have been created to implement CPCS International Activities in other Districts : CPCR (Dolakha), CRPC (Sindhuli) and ORCHID (Morang). The **CPCS Alliance** coordinates all 4 nepali partners NGOs (and 3 Country Office abroad) and ensure proper monitoring and efficiency.

### The Team (In Nepal)

The CPCS team is composed of **76** professionals (*members of the 4 NGOs grouped under CPCS-Alliance, regular and part time*).

Position	Name
International General Director (CPCS- INT)	Mr. Jean-Christophe Ryckmans
Country Director (CPCS- INT)	Ms. Inge Bracke
Financial Director (CPCS-INT)	Ms. Anna Vermeulen
General Director (CPCS NGO)- Administration and Finance	Mr. Himmat Maskey
General Director (CPCS- INT)- Program	Mr. Bijesh Shrestha
Deputy Country Director (CPCS- INT)	Mr. Nawaraj Pokharel
Center Director (DIC Godawari)	Mr. Aitaraj Limbu
Financial Manager	Mr. Tek Bahadur Paudyal
National Director (Monitoring Evaluation Partnership) (CPCS-INT)	Mr. Ekta Narayan Pradhan
Center Director (Regional)	Mr. Badri Prasad Sharma
Program Director (Legal)	Mr. Hem Bahadur Budhathoki
Program Coordinator (Medical)	Mr. Padam Adhikari
Deputy National Director (Prevention)	Ms. Ranju Shrestha
LSA and Expert (Public Relation)	Mr. Dabal Pandey
Deputy Centre Director (DIC Socialization)	Mr. Kailash Rawal
Driving Officer (Senior)	Mr. Krishna Prasad Dhital
Program Officer – Socialization	Mr. Nabaraj Baniya
Health Assistant	Mr. Santosh Khatri
Health Assistant	Mr. Sajan Chaudhari
Nurse	Ms. Shova Ojha
Nurse	Ms. Sangita Pradhan
Driver	Mr. Saroj Suwal
Data Officer	Mr. Gunja Lama



## **The Management (In Nepal)**

CPCS is composed of a **Board of Directors** and an **Executive Management Committee**. The organization gathers a variety of expertise in different areas: legal, social, fieldwork, administration, management, and medical. The employees work in different shifts (morning, mid-day and evening) in different centers and programs ensuring services from dawn to dusk.

### **The Board of Directors**

Board Members of the different NGO's supported and coordinated by CPCS International meet regularly and discuss running and events of the organization. Consideration is given with great care and plans are made to ensure a good future for the organization.

### **The Executive Committee (CDC – Central Direction Committee)**

This committee is the government of CPCS, mandated by the **Board of Directors** to ensure the overall coordination and daily management between the different centers and divisional directors. The Committee takes decisions discussing different subjects: the implementation of the Board of Directors, the coordination and efficiency of CPCS projects, centers and programs, the suitable way of communicating information 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 the information to flow properly 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 leaded by our lawyers.

CPCS organized every month different kind of training and meeting for CLASS LSA from Kathmandu valley. All LSAs participated. The training covered the child rights, objectives and issues of CLASS programs.

### **Implementation of Child Protection Policy**

CPCS organized regular follow up sessions for staffs to implement and inform about child protection during work. 36 staffs attended the program. They came from different centres from Kathmandu and from different centers out of 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 bring any topic they want on the table and to make suggestions about the program they are enrolled in. Those meetings take place in two different phases. First off, every child has a chance to give its opinion about its own center. Secondly, there is an in-depth discussion about different ideas or comments that were brought up by the children during the first round of the meeting. For every meeting the government members write a report about what was said and about possible actions that need to be taken in the future. To ensure that the rules and the system are respected, the children have formed a court of Justice to ensure that the system works and that the rules are followed properly and correctly. By making the children participate in the life and management of the centers, we try to make them feel responsible and offer them a role to play in our structure. 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.

Representatives by Center	J	F	M	A	M	J
Godawari DIC	8	10	11	14	12	20

### *Suggestion box in centers*

CPCS has a suggestion box in every center where children can put their comment, critics and/or suggestions for CPCS. The box is opened every month with representatives of the children, a lawyer and the President. The proposals are submitted during CDC meetings for implementation. Most of the improvements brought to the programs come from the children's own suggestions.





## Networking with Authorities State Bodies and other organizations

**CPCS International** organized District Project Advisory Committee (DPAC) meeting on in Kathmandu on 7<sup>th</sup> June 2018 in District Coordination Comeettee hall, Babarmahal. Likewise we did DPAC in 13<sup>th</sup> June 2018 in Biratnagar, Morang. On 14<sup>th</sup> June in Sindhuli and 18<sup>th</sup> 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 others organization mainly through youth's referral for skills and vocational trainings.
- ✓ Regular coordination with the *Center for Children Search and Found* or 104 (CCSF, *Balbalika Khojtalash 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 have been managing the enrollment of CPCS children in schooling programs, and offered support for their academic growth and development.
- ✓ The Central Child Welfare Board (CCWB) organize meeting on Rehabilitation of Kathmandu street children and aim for Kathmandu to become street children 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 street children 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 Mr Tarak Dhital has visited CPCS and CCWB repreative Mr Chitra Poudel participated in our night field's activities for few days. He has also collected the number of children met in the street.
- ✓ Different colleges government and privates; Padma kanya College, Saint Xavier College, Saint Lawrence College, KMC College, Nobel College, Stupa College, Trichandra College has sent their interns and volunteers for their field works.



## OUTLOOKS FOR 2018

- ✓ Reinforce the rehabilitation program with specific mid-term care in the Dolakha Regional Centre. (for girls and boys)
- ✓ Open FCC's (Family Care Center) in Regional center Dolakha and Charikot.
- ✓ Focus on prevention / Family – based support.
- ✓ Deinstitutionalize more street based children or children at risks and develop/enhance the reinsertion process to ensure either reunification of children with their families or others ways empowering them for a better future.
- ✓ Improve support and services to street-based children out of Kathmandu valley and better focus on their legal support.
- ✓ Quality improvement and child protection / participation focus.
- ✓ Improve the socialization centre (Short-term care) in Kathmandu valley and plan a 5 years development plan including the building of own facilities in Godawari.
- ✓ Construction of a 3 room building Godawari Land.
- ✓ Improve the CPCS structure (board, CDC, management) with multiple local partners and develop the International Alliance (The CPCS Alliance)
- ✓ Reinforce our link and partnership with local authorities (DDC, SWC, CCWB, MOWCSW)
- ✓ Implement better the new Human Resource and Financial policy.
- ✓ Improve the implementation of [Child Protection Policy](#) among staffs, children.
- ✓ 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 continue 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

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### CPCStan

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

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