

Dear Sponsors
Hello and Namaste!

With pleasure, I would like to bring forth the first half yearly report of the programs viz. **Mobile Health Service, Transit Clinic** and **Girls Home** supported by LeasePlan through Net4kids Aid Foundation. All the activities under these three programs are directly providing services for the street children and street youths. We have been able to bring the significant changes in the lives of children through our programs, thanks to the support of our dear sponsors and the committed team.

Politics of our country has not been stabilized which of course affects every day life of people in general and street children in particular. These strikes and protests result into the shutdown of schools and colleges, postponing of the exams and delays in the result, which has direct effect on the future of the children. All the markets are closed affecting hugely the economy of the nation. And it's the poor who suffer the most as they have to manage hand to mouth problems everyday and one day of strike can lead to their starvation.

It is even more difficult for street children. They are abused in the demonstrations. And what makes it worse is that they are chased at night by the police. Thus their habitation on the street keeps on changing, making it more difficult for us to track them. Whatever the challenges, the mobile health service team members respond to these challenges everyday and reach out on the nooks and corners of the street distributing medical services in the best possible way.

In past 6 months, three girls were admitted in the girls' home making the total number of girls residing in the girls' home to be 25. We managed to provide medical treatment to **464** children through the Transit Clinic OPD service and **239** were served by Mobile Health Service. **17** street children were provided with residential treatment in the clinic and recovered and rehabilitated. **466 children** benefited from the counseling sessions on health and hygiene. I would like to welcome you to read this report in detail to find more about the activities and beneficiaries.

Have a nice reading. Feedback and suggestion are welcome.

With the best regards
Poonam Pariyar Rasaili

A. Transit Clinic

All the planned activities in the transit clinic during the first half year were implemented smoothly. Some rules were introduced to avoid unwanted entry of unnecessary people in clinic for its safety and also for the privacy of the child inpatients. Some new health instruments were bought and the ones which need to be replaced will be done in the coming months.

A.1. Out Patient Department (O.P.D)

In the last six months, 464 children benefited from the O.P.D.. Among those 464 children, 261 were male and 203 were female. We had 98 new cases and 366 old patients. 30 patients were from the street and 434 from the slum areas. Most of the cases were inflicted from Respiratory Tract Infection and Gastrointestinal.

Many children who come to receive health services are from the slum areas, which is important for the prevention of many diseases. This gives opportunity for the children from slum area to be aware of the problems in the street which ultimately prevents these children of ending on the street. The number of street children coming to receive health service in the clinic is smaller because of continuous health services on the street through mobile health service.



The detail is listed in the table below:

Table: 1 Disease wise distribution of patients being treated in Clinic

Disease/ Age	0 to 5 yrs		5 to 10 yrs		10 to 12 yrs		12 to 14 yrs		14 to 16 yrs		16 to 18 yrs		18 to 20 yrs		>20yrs		Total
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	
Respiratory tract infection (RTI)	95	67	9	12	2	3	1	2					2		1		194
Gastrointestinal	38	26	4	6	2	3	1	2	2	1							85
Ear, Nose, Throat	10	6	11	4	1	1	3	1					1				38
Dermatological	16	15	7	7	2	3	1		2	1			1	1			56
Dental		4	2														6
Vulnerable Disease																	0
Mental																	0
Ophthalmic	5	9	1	1		1											17
Trauma			1						1								2
Urinary Tract infection(UTI)		5	3	3			1										12
Cardiovascular																	0
Others	9	11	12	4	1	5		1	5	2	1				3		54
Sub total	173	143	50	37	8	16	7	6	10	4	1	4	1	4	4	4	464

A.2 In- patient Services in Transit clinic

With the facility of three beds and 24 hours nurse in the clinic, a total number of 17 children were provided with the residential medical care in the clinic in past six months. Among which 16 cases were cured and rehabilitated to CWCN homes, other NGOs and even to their family. One child is undergoing treatment in the clinic. Among the children being



Karuna, a nurse injecting the patient in the clinic

treated, many were provided with medical and surgical support for fracture and wound cases. This indicates that the street children are exposed to risk taking behavior, gang fights and risky living conditions. Second largest number of children is the ones with respiratory and lungs related sickness and Urinary Tract Infection which are caused by heavy smoking, exposure to air pollution and drinking of dirty water as well as sexually transmitted diseases. The awareness among street children regarding the services being provided by Transit clinic is wide and far reaching which is proven by the fact that some of the street children were brought to the clinic by their peers. Some of the children admitted to the clinic were identified by the M.H.S team. The following table shows the status of children being treated in the clinic.

Table:2 In-Patient Services in Clinic

Case	Number of children		Status
Respiratory tract infection	2		Cured
Fracture/ wound	8	BIR Hospital(one case)	cured
Only Blood test			
Gastrointestinal	1		Cured
HIV/AIDS			
Hepatitis			
Mental			
Drug abuse			
Venereal disease			
Urinary Tract Infection	2	BIR Hospital	1 Cured, 1 undergoing treatment
Cardiovascular			
Dermatologist	1		cured
T.B.(Tuberculosis)			
Others	3		cured
Total	17		

A.3 Hospital referral cases

As the transit clinic is not able to respond to the medical needs of all types of sickness as this is just a transitory care center, many children are being referred to other hospitals which have better equipments and facilities. 10 street children who needed more advanced medical care were referred to hospital. The



Health Assistant in MHS cleaning the wounds of a child patient

main problem was of urinary tract infection and wounds which were cured after treatment. However one case is still being followed up. One child with drug addiction was provided with treatment which became possible because of the coordinated actions initiated by CWCN with the other organizations.

One of the most important messages of this referral system is that many hospitals in Kathmandu are now being sensitized about the health problem of street children. They welcome with special attention the children being referred by CWCN. Some treatment costs a lot of money. This has been made possible due to the free treatment services in the hospitals being negotiated by CWCN. This is another example of sustainable approach to the collaborative health support for street children. One of such examples of free treatment is that one child needed 100 000 rupees to be treated. This was made free due to the sensitization of CWCN and institutional level of collaboration. Main hospitals in Kathmandu such as Bir Hospital, Kathmandu Medical College Teaching Hospital, Tilganga Eye Hospital, Kanti Children Hospital and Tribhuvan University Teaching Hospitals are some of the hospitals which are extending outstanding support to facilitate the medical services to street children. The following table shows the number of children being treated in different hospitals.

Table:3 Hospital Referral Cases

Case	Number of children		Status
Respiratory tract infection	1	BIR Hospital	Cured
Fracture/ wound	3	Kathmandu Medical Hospital	cured
Only Blood test	1	Eno Poly Clinic	
Gastrointestinal			Cured
HIV/AIDS			
Hepatitis			
Mental			
Drug abuse	1	Patan Hospital	
Venereal disease			
Urinary tract infection	3	BIR Hospital	2 Cured, 1 undergoing treatment
Cardiovascular			
Dermatologist			cured
T.B.(Tuberculosis)			
Others	1	Kathmandu Medical Hospital	cured
Total	10		

B. Mobile Health Service

The mobile health service still runs in its original format going around the different street corners of Kathmandu with a team of medical and paramedical staff treating children with first aid care and providing counseling.

Many times, Mobile health service has to stop its operation because of the strikes from the political parties. For example, we could not run this activity for a whole, one week in May due to the strike called by one of the political parties of Nepal. MHS received a new Health Assistant in its team as previous Health Assistant left the job because of his studies.



Saroj is now studying Community Medicine and works part time with MHS

During the past six months, many of the children we served were found to be infected with skin related diseases, Respiratory tract infection and gastrointestinal problems. In the week of strike we found that children moved to different places because of security reasons. Altogether 239 children were treated by Mobile Health Service.

Table:4 Disease wise distribution of patients treated in Mobile Health Service

Disease/ Age	0 to 5 yrs		5 to 10 yrs		10 to 12 yrs		12 to 14 yrs		14 to 16 yrs		16 to 18 yrs		18 to 20 yrs		>20yrs		Total
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	m	f	
Sex																	
Respiratory tract infection (RTI)	3	1	4	3	7	2	8	3	7	1	8		4		3	1	55
Gastrointestinal		1	3	2	6	3	7	1	5	2	10		8		5	1	54
Ear, Nose, Throat			1		2		1		2		2		1				9
Dermatological	1		3	1	4		5	1	6		5		8	1	8		43
Dental									1				1		1		3
Venereal Disease																	0
Mental																	0
Ophthalmic					2				1				2				5
Trauma		1	4		4	1	3		7		8		4		4		36
Urinary Tract infection(UTI)					2												2
Cardiovascular																	
Others			2		2				8		3		14		2	1	32
Sub total	4	3	17	6	29	6	24	5	37	3	36		42	1	23	3	239

B.1 The Follow up field visits:

Our field supervisor and peer educators visit different places of Kathmandu where the children live and work. They visit these areas on the following days of the mobile health service. They talk with the children to know their problems and help them overcome their problems. Our field staff are providing counseling on different issues like HIV/AIDS and STDS and other different communicable diseases and at the same time inspire



Field Supervisor counselling the children

children to leave the street life. The peer educators and field supervisor are trained in basic counseling and they provide various psychosocial counseling to the children. Children feel better to talk to the peer educators because the peer educators share the story of their success from street. Altogether 466 children were counseled on the street.

Table: Counseling Beneficiaries

Topics of Counseling ↓ Age »	5-9 yrs	10-14 yrs	15-18 yrs	18-20 yrs	>20yrs	Total
Health Related	27	78	46	24	14	189
Psycho – social	4	8	11	16	7	46
Skill oriented		7	13	19	13	52
Re-habitation		4	5	9	2	20
Others	37	50	42	20	10	159
Sub total	68	147	117	88	46	466

Challenges and solution

As usual, challenges are part of our work. Some major challenges we faced this half year were as follows:

1. Drop out of in patients:

The patients drop out from transit clinic. This is because of the lack of indoor entertainment. We have taken this seriously and therefore have managed to introduce some indoor games and provide organized television show. Comparatively the drop out is less now.

2. We find many children involved in crime related incidents and when they are arrested by the police they call us from custody. This situation is hard to handle. If they are not helped than the field works are affected because they will not trust

the team any more. Their gang rejects our field supervisor and this also creates problems in the Mobile Health Service.

3. Many youths want vocational training from us but we are networking with other organizations and fixing trainings for the needy ones. However, this is problematic since these vocational training providers do not have residential facility.
4. The number of children being infected with of HIV/ AIDS and Hepatitis is increasing because of unsafe sex and use of injecting drug. And the young children in the streets come in contact with these infected children which multiplies the risk of transfer of diseases in the children. We play a key role to counsel them on how to stay safe, however the risk is still high.
5. Some cases are very costly, for this we have been coordinating with other health organizations working for children in the street.

Plan for next half year:

Project	Activities	Deadline	Remarks
Transit Clinic	Health check up of children coming from streets and slums	Regular	
	In-patient Service Referral of Children to specialized Hospitals	Regular Regular	
	Purchasing Medical Equipments	By the end of October	
	Health check up of Children in the Day care Center	First week of each month	Children Prevention Program of CWCN runs 2 day care centers in 2 different slums in Kathmandu
Mobile Health Service	Poster Publication	2 nd week of July and October	
	Health Camp	3 rd week of August and November	
	School Health and Awareness Program	1 st week of every two months	The program will be held in the governments schools in and around Kathmandu valley
	Mobile Health Check up and Follow up visits	Every Week	

A Life Saved.....

Dinesh Gurung was born in the country side of Kathmandu. When he was nine years old he walked out of his home and came to the capital city in search of a better place to live. His father was a drunkard, would beat him up without any reason, and stopped him from going to school, what finally caused his exit from home. While living in the street of Kathmandu he started to work as rag picker spending days without food and nights without napping.



A couple of years were spent like this. He caught up with minor health problems time and again. He used to go the pharmacy to get the problem diagnosed and take medicines. The living and working environment around the streets in Kathmandu put an extra toll to his life when he suffered from Urinary Tract Infection. He spent almost five years in illness, often he suffered from diarrhea, dysentery while sometimes from pneumonia and many more.

It was on the last day of May when the Mobile Health Team found Dinesh lying on a collection center where street children collect rags and recycling items. He had Urinary Tract Infection (UTI). His whole body was swollen. He looked like a tiny little kid even though he was 17 years old, bent over like an old man, with a urine-soaked towel around his waist. He could not afford to go to hospital by himself and nobody was there to take him. MHS team brought him to the Transit Clinic, kept him in an in-patient unit under observation. The next day our medical officer examined him and told us that he needed to be referred to a specialized hospital to save his kidneys since they were starting to get damaged because of prolonged infection. He was too weak to walk and go to hospital. As soon as he was taken to hospital, he was connected to various tubes and drips, his huge, luminous brown eyes were brimming with tears. He was really in a critical condition when we took him to hospital.

He was kept in hospital for a week. He went through a number of pathological tests. The doctor suggested a biopsy to find out the condition of both his kidneys. A week later they reported that no serious damage was observed. A couple of weeks later, we brought him to the Transit Clinic to recover completely. Along with the regular care and treatment in the clinic, we started counseling to avoid him to go back into the streets again. Our staff in the clinic did alot of hard work and finally were able to convince him to get rid of street life.

Now here comes the good part – one that makes us very proud. After he was recovered, he took interest to go back home to live with his family. That was the ultimate goal we wanted to achieve with him. It took almost a week to find his home and family. His family members could not stop crying when they found him back after 8 years. Some of his friends could not even recognize him. We received tons of warm wishes, love, respect and gratitude from his family members that cannot be expressed in words.

C. Girls Home

Intake of new girls:

Three girls were taken in. The girls are Sumitra Tamang, Manisha Shrestha and Nisha Nepali. The girls were rescued from the street.



Girls playing table tennis

Home Visit of Girls:

Three girls' families were searched and the girls have a chance to visit their long separated family members. The following are the girls who visited their family:

Lakme Lama: She is a 12 years old girl from Sindhupalchok District. Her parents are selling chicken in a local market in Kathmandu. Their income is medium but both of her parents are alcoholic and they are not responsible towards their children. So we hope that through visits and counseling we might be able to improve the situation of her family.

Nisha Nepali: She is a 12 years old girl from Trisuli, Nuwakot, east from Kathmandu. Her parents are living in the slum in Bhaktapur. Both of her parents are working as wage workers but her father is not responsible for the family.

Barsha Baraili: She is a 14 years old girl from Dharan, Sunsari District. Her parents moved to Kathmandu in search of work. Both of her parents collect garbage and their income is not enough for running their daily life.

Health checkup:

As planned we perform a health checkup for all our children by our own Mobile Health Team twice a year. After the latest checkup the report showed that everyone had a generally sound health condition. Those who had particular health problems were like Tooth Ache, Eye and Ear pain, were referred to the children hospital for follow up.

Candle Making as one of the activities:

We always prioritize extracurricular activities for the children. This time the staff of CWCN taught the children to make candles. The children were very interested in making candles and those were in fact used during the load shedding.

Food festival:

The Home and Education Department organizes a food festival once a year. It is the day for the children to prepare different dishes. The children are divided in a group some days before and they decide on the menu in a group. Staff makes sure that all the required materials and ingredients are being provided to the respective group. There is a certain time limit where they have to finish their cooking. A team judges them on Hygiene, taste, serving and team work. We however make sure that each group wins in one of the criterias. It is fun as it ends by all the children and staffs eating together.

Girls in Gokarna School passed their yearly exam

The final exam of all the children of grade 7, 8 and 9 was conducted from March 23 to 29th, 2010. The result was announced on 11th April 2010. Three girls of Gokarna School passed all the subjects with good marks. Besides, the girls also surprised everyone by winning the prize for the best dancer in the Parents Day Program. The girls hurried to share their happiness among their friends, teachers and caretakers.



Sonam and Yamuna with their best dancer's award

Yamuna participates in the workshop on “Violence against Children”

There were 16 children participating in a Painting workshop on violence against children. Among them Yamuna who was selected to take part in Consultation with children.

This was a two days residential workshop organized by Consortium Nepal with the help of Save the Children and Plan international on 18th and 19th June 2010. The objectives of the workshop were to identify the key issues of violence against children, to identify the role of children at national and regional level to end violence against children and to provide recommendations on ending violence against children.



Yamuna in the workshop

New caretaker in Girls Home:

One of the caretakers of the Girls home, Kamala B.K., resigned from her post due to her study. Nisha Karki has been recruited as a new caretaker. Having come from a teaching background she has good knowledge of child psychology and also is updated about the children issues.

Objectives Fulfilled:

According to our plan we took two girls in girls home. We conducted some home visits and family follow up which helped to understand the current situation of the parents. The new children were happy to meet their families. However, as always the family condition of the girls is not good enough for them to be reunited with the families immediately. We need to work with the girls and the families a couple of years to make the reintegration possible.

Objectives not fulfilled:

The intake of new girls is yet not finished. Still. We were not able to conduct the parents meeting this quarter due to changing of the staff.

Objectives for the next half year:

Name of the project	Activities	Time table
Girls Home	• Intake of new girls	• Continuous
	• Home visit of girls	• Continuous
	• Training for Caretakers	• By end of September
	• Parents meeting (pilot project)	• Last week of November
	• Remaining Home Visit	• September 2010
	• Health checkup of new intake	• August 2010

C. Problems and Obstacles:

There is a new caretaker and in some cases the senior girls showed their seniority in the home and wanted to control the juniors and did not cooperate with the new caretaker. This happens always when there is new staff. However the shifting of the senior girls is most important now. The girls have been in the homes from the year 2004 and are still studying. We have closely worked with the families but the girls are not safe in the family yet because the parents are not responsible and the places they live are some of the most insecure places. We are working on the safe landing of these girls as soon as possible in the near future.

Solution Applied:

- Close observation of the children.
- Empower the new caretakers (consulting with therapist)
- Co working and sharing among the staff directly working with children
- Counseling therapy
- Continuous work with the family

Sumitra- from a child worker to a school going girl...

My name is Sumitra. I was born in Sindhuli, in the western part of Nepal. I didn't get a chance to feel my mother's love as she left me when I was 7 years old. I understand she left me because of my drunkard father. I dropped my school. I had a brother who was taken care of by a social organization. I was sent to Kathmandu to stay with my uncle. Life was very difficult at my uncle's place. He had many family members. My father and uncle used to work as a painter for our survival but it was still not enough for our minimum basic needs. There I didn't go to



school because each time I asked my father about it he said I had to look after the uncle's son and also said he did not have money for my school admission. Life had become so difficult and at times I was beaten by my father and uncle especially when they were drunk. My father started drinking even more and this made my condition even worse. I had to look after brother and house whole day. I had to cook, wash clothes, clean house. One day, when I was looking after the uncle's son and doing my household, suddenly aunty scolded me and complained to my father. Later at night he was drunk and beat me up and told me to leave home. I had to share the room with my uncle, father and brother (uncle's friend) because we had limited beds. I used to feel very uncomfortable. I came in contact with the social worker of Child Watabaran Center Nepal through a woman who lived nearby my flat and had seen my condition. After a series of talk with me and my father I was taken in the Hostel eventually. Here I have found friends with same stories as mine.

Life at child Watabaran center has been very nice. There are good friends, teachers, caretakers, counselor and social worker. They take good care of us. I attend a non-formal school and am now studying in semester III. I feel like I am a whole new person. I want to be a good girl, very hard working and want to support my father in future.