

PROGRESS REPORTS OF CHILD WATABARAN CENTER

Dear Partners and Sponsors!

I would like to present the progress report of the first quarter of the year 2007. The report exclusively covers the activities funded by LeasePlan Corporation through Net4kids Aid Foundation. The report contains the details of five major activities viz. Mobile Health Service, Transit clinic, Purchasing of new multipurpose vehicle, purchasing of land for the construction of new homes and operation of home for girls. All activities have been possible due to the generous financial support from LeasePlan ChildPlan program administered through Net4kids Aid Foundation.

I appreciate the valuable comments. Have a nice reading!

Regards

Tirtha Rasaili and the Watabaran Family

New microbus arrived

Thanks to the generous financial support of LeasePlan ChildPlan, a new multipurpose vehicle has been purchased by CWCN on 5 January 2007. CWCN is using the new vehicle for the mobile health service and bringing children to and from school. Before, CWCN was using a three wheeler electric tuk tuk to carry out the routine task and was being inefficient due to the increased works in mobile health services and increased number of children attending formal school. The vehicle has tremendously eased transportation problem of children going to school outside the center. Moreover, the mobile health service has also been more effective as the bus is fast and hence can cover more areas in a short time. The bus also carries children to and from Judo training and it is used for office jobs if needed.

Everyone is happy about the arrival of the new vehicle and it proudly carries the logo of LeasePlan, Net4kids and CWCN.



A newly bought micro bus proudly carries the logo of LeasePlan and

Purchasing of Land for Construction of Child Homes

CWCN has been running child homes for street children since 2002. Over these years, we have faced many problems while accommodating in rented houses. The houses are not built in a child friendly manner and we have to compromise about things like proper water, access to transportation, insufficient rooms. Worst of all is the house rent, which increases every year. In this context, CWCN had prepared a proposal to build its own child homes for children. Our sincere thanks to Net4kids Aid Foundation through which LeasePlan ChildPlan agreed to support the entire cost for purchasing land for child home construction and made the dream of CWCN family come true. This project will be completed in the following phases:

Phase 1 Purchasing of Land for construction

Phase 2 Construction of Girls Home and Boys home

Phase 3 Construction of the Administrative and academic building

With the help from LeasePlan ChildPlan, we bought piece of land at a distance of 7 kilometer east from the ring road of Kathmandu. The land for the construction of child homes expects to accommodate about 30 boys and 30 girls with academic building and sports place. Once the home is built, it will run in the capacity of 60 children in total. The project will have its own NFE schools that will provide special kind of education to street children and children from difficult background during their childhood.

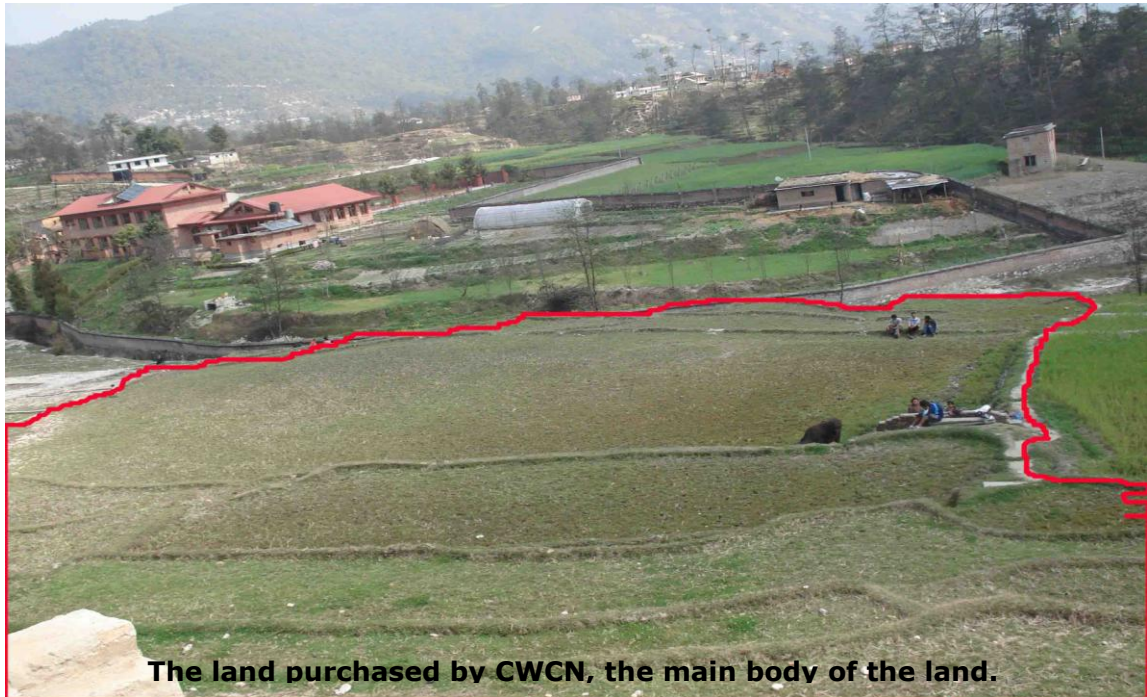
Land purchasing process:

Searching of a proper land was a most challenging task. The land we chose had to have the facility of water, schools, transportation, good social environment and easy access to hospital and most importantly it had to be cost effective. We searched land in all three districts of Kathmandu Valley, Kathmandu, Lalitpur and Bhaktapur. After four months of hard work, finally the three best lands were listed. They were analyzed both by the staff and the technical persons and finally the land for CWCN was finalized on March 21 2007. The land was booked on 18th April and was registered in the name of CWCN.

The land is situated at Nayapati, Kathmandu. It is at a distance of 7 kilometers from the Chabel, ringroad. The total area of the land is 32856 sq feet (6 Ropanis in Nepali measurement style). The nearest hospital is Nepal Medical College Teaching Hospital situated at a distance of 3.5 km from the land. The school is at a distance of 15 minutes walk from the land and public transportation can be accessed at a distance of five minutes walk. This was the best land we got within our budget. Moreover the social environment of the site is also good and secure. The land has its own source of the water. So, the land is suitable from all angles.

The Registration Process:

The land was registered in Kathmandu Land Registration Office Kathmandu. The land was registered in the name of Child Watabaran Center, Nepal. The land was purchased at the rate of Nepali rupees 1167000 per 5476 square feet. The net cost of the total area of land was Nrs. 7002000 with added 3 percent ownership tax. Hence the total cost for the land was Nrs 7212060.



The future plan with the land:

The immediate plans with the land are:

1. Fencing the land area before construction
2. Design of the building according to the size of the land
3. Basic Structural Plan such as interior road and water supply, guard house etc.
4. Appointment of the chief engineer
5. Approval of Blue Print, advertisement of No Objection from Neighbors
6. Appointment of the construction company

Initially, the construction of girls home and boys home will start from November 2007 followed by the construction of academic building and all are expected to be completed by the end of 2009.

Progress Report of Girls Home

Child Watabaran Center has been operating a home for girls from difficult circumstances since 2004. With the generous support from LeasePlan ChildPlan administered through Net4kids Aid foundation, the home for girls was able to continue its operation from January 2007. The home for girls provides services such as education, home and food, regular health check up, counseling, sports and other developmental activities, family support and vocational trainings etc. After the reintegration of 3 girls back to their family in April, there are currently 11 girls in the home. Among them, 8 girls attend non formal classes inside the organization and 3 girls attend the formal schools outside. The girls are from the age group of 11 years to 17 years.

Daily Classes in Nepali, English, Mathematics and Social and Environmental science are given to the children. They follow the two years of curriculum developed by CWCN collaborating with other NFE packages, which is equivalent to grade five in the governmental education system. The children get regular health check-up by the doctors. The home organizes frequent



excursions and other extracurricular activities. Children get special classes on life skills so that they can overcome their bitter past experiences and can positively develop for a better future. The girls also get frequent psychosocial counseling. This helps them to overcome the problems and complexities and help them stand as a confident youth in the society. The children are very much rooted to their family and family is the strongest foundation of their future. Finally, girls will be reintegrated to their family.

Below is the major activities carried out during the first quarter of 2007.

A new girl in girls home:

A new girl named Sita B.K is admitted in the center in January 2007. She is 10 years old and she comes from the far western part of Nepal. She is now taking informal classes in the center. She is in the first semester learning to read and write. She also participates in the judo classes in the morning.

Three girls reintegrated back in the family:

Three girls have been reintegrated in their families. They are Kritina Shrestha (17), Samjhana Lama (14) and Sunita Khadka (15). Kritina and Samjhana were about to come on the street at the time we rescued them in 2004. Both of them have completed class six and are studying in class seven. Kritina has finished the stitching training and is attending an advanced training on stitching. Samjhana has finished one

year of gardening training. Within these years, they have learned many skills in life. As the families were ready to welcome the girls, we extended help to continue the higher education of girls.

Sunita was rescued from a very difficult circumstance where she was working as a dishwasher in a restaurant. After we rescued her, we focused on improving the health condition and making her feel safe. It took long time for her to recover from trauma and to develop in her studies. When we wanted to contact her family, no one was available. Finally, we searched her village and family. When we reached her village we found that she was happier there. She knew the people there, she knew the life there and that was where she wanted to be. She had a mother, a younger sister and a younger brother and also family of uncles. In May 2007, she shared her feeling that she wanted to live with her family. We were happy to hear this, as we also feel that a family is a better place for her to be than a child home. We went to her village again, talked to the family and reintegrated her there, where we saw the happiness in her eyes which was always missing when she lived here. We bought two goats for her so that she could look after it, grow it more and earn money. With a smiley face and thankful eyes, she bid us good bye.

The Challenges:

Reintegrating the girls in their families was definitely our aim but it is full of challenges. Though we made frequent family visits and the parents were prepared to welcome them, the fear is what if they are not treated properly when we reintegrate them. We have been following up regularly and it has been smooth and hopefully their reintegration will turn out successful. It was hard to find the proper school for them as the distance had to be proper for them to go to work and also to the school. Now when we look at them at their homes, we feel that their family needs them so badly to help them in the family.

Near future plan of Girls Home

Take in of three new girls:

The capacity of girls home is 15 and we had 14 girls with us. But, since three girls are reintegrated back, we need to take new girls. We will take three new girls in the home. The caretakers are already out on the street to talk to the new girls.

Citizenship of Yamuna:

Yamuna B.K turned 17 this year. Her both parents are alive but they also dont have their citizenship yet. Since citizenship is necessary for her to work, we are proceeding with giving her citizenship and hopefully we will get them in couple of months.

Mobile Health Service

CWCN has been operating mobile health service for street children since last 3 years providing first aid health care for street children directly on the street. Over the period, more than 2000 children have been benefited from the services. The children MHS helped either are living on the street or are living on the offshore of street that are vulnerable to street exposure – slum area. In the first quarter of 2007, mobile health service reached 141 children. The program has been efficiently run through the use of, thanks to the vehicle supported by LeasePlan ChildPlan. The health service runs in the same manner as before on Mondays Wednesdays and Fridays in the evening. The use of two peer educators and connection of the Transit Clinic (**BAL SWASTHYA**), the services have been proved to be more accessible to children being afflicted by diseases on the street.

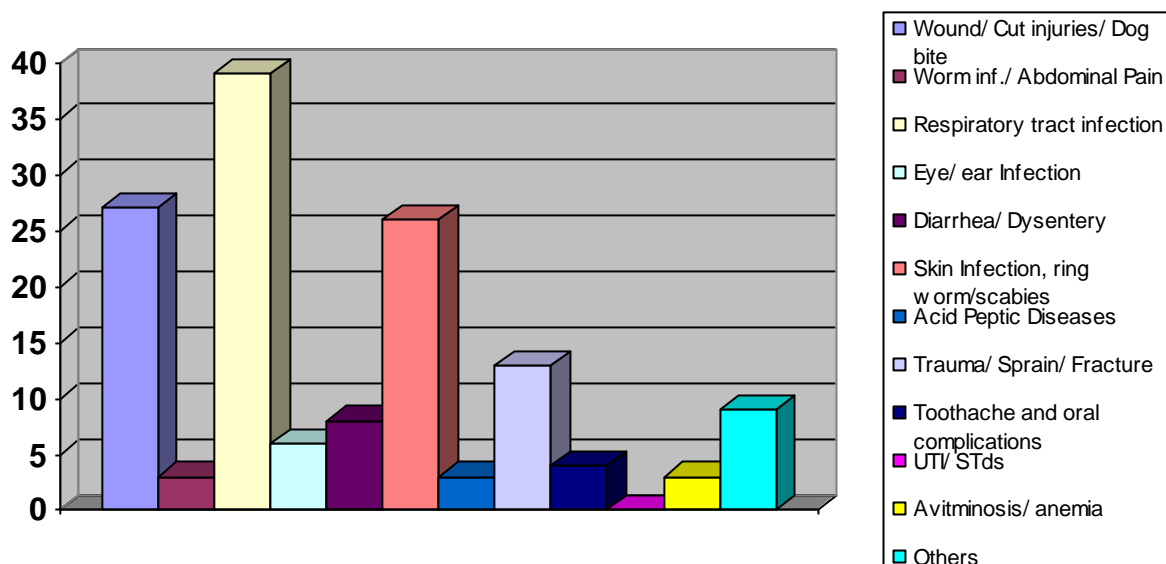
Below is the progress report of Mobile Health Service.

A. On the spot medical treatment:

During the first quarter of 2007, the team came across many street children among which 141 children got our service. Among 141 children, respiratory infected children were most in number (39) followed by wound/cut injuries (27) and skin infection (26). The detail is presented in the table below:

Disease \ Age	Total	<1 yr	1-4 Yrs	5-9 Yrs	10-14 Yrs	15-18 Yrs	>18 Yrs
Wound/ Cut injuries/ Dog bite	27	1	3	8	4	9	2
Worm inf./ Abdominal Pain	3	-	-	-	3	-	-
Respiratory tract infection	39	-	-	4	25	8	2
Eye/ ear Infection	6	-	-	-	3	2	1
Diarrhoea/ Dysentery	8	1	1	3	2	-	1
Skin Infection, ring worm/scabies	26	-	-	7	7	11	1
Acid Peptic Diseases	3	-	-	-	-	2	1
Trauma/ Sprain/ Fracture	13	-	-	-	2	10	1
Toothache and oral complications	4	-	-	2	1	1	-
UTI/ STDs	0	-	-	-	-	-	-
Avitaminosis/ anaemia	3	-	-	-	-	3	-
Others	9	-	-	-	1	5	3
Total	141	2	4	24	48	51	12

The table statistics is shown in the following chart.



Including the major and the minor cases, altogether 12 cases had been referred to hospitals. In all the cases, the children showed health improvement after the treatment. The detail of the referral cases and a case study of Prem Rai, a eighteen years old street boy, are presented below.

S.N.	Name of the patient	Case	Date of Admit	Discharge	Remarks
1	Binod Pudasaini	Osteomyelitis	25 march 2 nd May	5 April 4 th May	Cured
2	Ravi Rijal	Pneumonia	22 nd March	4 th April	Cured
3	Jaya Ram K.C	Tuberculosis	26 th March	17 th April	Cured
4	Prem Rai	Hepatitis	30 th March	21 st April	Cured
5	Chhiring Lama	Fracture	18 th April	20 th May	Cured
6	Dinesh Thapa	Echymosis	1 th May 11 th May	18 th May 13 th May	Cured
7	Shyam Ranjit	Pneumonia	30 th April	7 th May	Cured
8	Raj Lama	Phimosis	3 rd May	11 th May	Cured
9	Srijana Lama	Fracture	17 th May	19 th May	Cured
10	Siman Lama	Haemorrhoids	15 th May	20 th May	Cured
11	Susan Ranamagar	Pneumonia	7 th June	11 th June	Cured
12	Sikum Subba	Haemorrhoids	11 th June	12 th June	Cured

A case study of Prem Rai

Prem Rai, a young boy of eighteen years old is living on the streets of Kathmandu since the last 10 years. During the regular visit of MHS, on 30th March the team found him lying seriously ill. We immediately took him to the transit clinic where at midnight, he became unconscious and we immediately transferred him to the hospital. It was notified that his spleen was broken and **splenectomy (cutting**

off the infected part) had to be carried out. The operation was risky but it was very important. So, we decided to go for the operation and luckily it was successful. He was then admitted in the hospital for 10 more days and then transferred back to the transit clinic to make sure that he takes medicines.

During his stay in the transit clinic, we talked about his family and also if he is interested to go back to his family or any other social organizations. We also mentioned about our homes. But, he was not at all interested. After he recovered, he went back to the kaward (scrap collection center). We are happy to see that he does not use injecting drugs and other harmful drugs after he left the clinic. It is also worth mentioning that if children are sick on the street, he is the first one to call us or at times he himself brings the child to the clinic. Though he is better now, he has to take a vaccine in every six months worth Rupees 2500. We are taking care of his vaccination also. We are sad that we could not send him back to his family and we could not refer him to any of the homes. However we are satisfied that we saved his life. Otherwise, he would have died if we were just a day late.

B. Health Camp:

In the month of January, the first health of 2007 was organized. The camp was organized in a slum are of Shankmul near New Baneshwor Kathmandu Nepal. Total 132 children under the age of 18 years were benefited from the camp. Most of the children were suffering from worm infestation due to poor water supply and sanitation. Among 39 children under the age of 5 years, eight were suffering from malnutrition.



The details of children being infected by different diseases are as follows:

Diseases/Age	< 1 yr		1-4 Yrs		5-9 Yrs		10-14 Yrs		15-18 Yrs		> 18 Yrs		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Wound/ Cut injuries/ Dog bite	-	-	2	1	3	1	1	1	-	-	-	-	9
Worm inf./ Abdominal Pain	-	-	9	12	10	16	5	11	-	-	-	-	63
Respiratory tract infection	2	2	2	1	3	4	1	2	-	1	-	-	18
Eye/ ear Infection	-	1	1	-	1	-	1	-	-	-	-	-	4
Diarrhea/ Dysentery	1	2	1	1	2	3	-	3	-	-	-	-	13
Skin Infection, Ring worm/scabies	-	-	1	-	-	2	2	3	1	-	1	-	10
Acid Peptic	-	-	-	-	-	-	-	2	-	-	-	-	2

Diseases													
Trauma/ Sprain/ Fracture	-	-	-	-	-	-	1	-	-	-	-	-	1
Toothache and oral complication	-	-	-	-	-	2	1	1	-	-	-	-	4
UTI/ STDs	-	-	-	-	-	-	-	-	-	-	-	-	-
Avitaminosis/ anaemia	-	-	-	-	-	-	-	4	-	2	-	1	7
Others	-	-	-	-	-	-	-	-	-	1	-	-	1
Total	3	5	16	15	19	28	12	27	1	4	1	1	132

The Challenges/Difficulties:

- The demands of the children rise in every visit. Besides cloths, money and food, they have also started to ask for training support. They want us to help them with their training and find jobs for them. Since we do not have resources to fulfill their wishes, we cannot say yes to them and this disturbs our goodwill with them and also creates problem in the counseling.
- Some youths on the street request us to have their H.I.V tested. On their request we may do it but when the result is positive, we may not have proper counseling facilities for them from the experts.
- The mobility of children is also always a great problem. They cannot be found at the same place where we visited them before, making follow up of the cases very difficult.
- Street children have many communicable diseases. Sometime, the tendency of field workers to take over precautions and to maintain unnecessary physical distance with children may disturb the cordial relationship between the workers and the children on the street. At the same time, it is necessary for the protection of the field workers.

Achievements

Qualitative:

- The children are being careful about the consequences of small injuries and diseases and work to prevent them
- Children started being aware about the adequate use of medicines which has reduced the misuse of medicines itself
- Transit clinic has added the effectiveness of the treatment of child patients as the special cases are referred to the clinic and hospitals (higher centers) and are discharged only when they are completely recovered.
- In our regular talks, we always focus on the harm caused by the use of drugs. Since they hear it a couple of days time and again, they are encouraged to tapering their dose of drugs aiming at preventing from drug abuse.
- When they see our peer educators, the children on the street also get inspired to quit their street life.
- Children have started to take shower and wash their clothes. For this, they also come to transit clinic on Saturdays.

- The team has started focusing on group discussion with the children about various diseases like Hepatitis B, HIV, STI, TB etc. The discussion opens up the forum for the children to express their views and the team of health professionals and peer educators provide insights and new information regarding the subject.
- All the team members of the transit clinic and mobile health services were offered with the vaccination of Hepatitis B. This was started as a way of preventing the team from getting infected with Hepatitis B.

Quantitative:

- 141 children got direct health service in past four months through regular mobile health service
- 12 serious cases were referred to Transit clinic through mobile health service
- 132 children from slum area got treatment through the health camp
- 3 boys were referred to boys home

Future Plans

- Increase the awareness classes and programs about diseases
- Focus on their reintegration with their family after a regular talk
- Replace the old first aid box in all the kawads with new boxes
- The children on the street sometime earn from Rupees 200 to 300 per day. We are planning to start saving schemes on the street so that in future, they can pay for the health services, take any kinds of vocational training or invest on something.

Bal Swasthya -Transit Clinic

Child Watabaran Center Nepal, through its Mobile Health Service has been providing services to street children directly on the street. After three years of work on the street, we experienced that the children treated by us at times are unable to recover as we can not follow up the full course treatment of children on the street and also that they are careless about the medical use and treatment. To fill the gap, CWCN started a transit clinic named *Bal Swasthya* (Child Health) to accommodate the street children for short term medical treatment under the direct supervision of nurses. Thanks to the generous support of LeasePlan ChildPlan which made it possible to start a transit clinic for street children to make it possible for children to get emergency medical care. The LeasePlan Corporation through Net4kids Aid Foundation supported to set up and run the Transit Clinic Now, street Children get a comprehensive health services through mobile health service and transit clinic.

Started in February 2007, Bal Swasthya is a free transit clinic for children living and working on the street and children who can not bear the treatment cost in hospitals. The clinic looks after children below 18 years of age, its objective being the same like that of mobile health service, to raise awareness about health and hygiene, to protect street children from curable diseases which would otherwise be a fatal and also to reduce the health hazards on the street and slum area.



The target group of the clinic:

- Children from the poor families/Slum areas below 18 years of age
- Orphans
- Street children and working children

The following are the services provided by the clinic right after its operation in February 2007.

1. General health check-up and medication:

Children get their health check up by a doctor every day. A pediatrician visits the clinic everyday from 1600 to 1800 hours. Besides, a C.M.A who is a trained primary health care professional is available from 10:00 to 1800 hours for the general treatments and medication. The child patients are also kept overnight when they have to take medicine under observation.



2. Pathological tests:

Thought the clinic does not have its own laboratory, the facility is being served for different pathological tests such as urine, blood, and stool through labs and hospitals located in convenient distance.

3. Hospital referrals:

The cases which are severe and major injuries and illness which need immediate treatments are referred to our partner hospitals.

4. Emergency rescue

The street children can reach the clinic at telephone number 2032032 for emergency cases and our micro bus picks up such cases and admits in the clinic or refers to the hospital.

5. Awareness programs and field visits:

The patients in the clinic are provided with the classes on health and hygiene and also the field visits are made in slum areas to raise awareness about health and hygiene among families and children. The awareness is being raised with the help of dramas, posters and visits itself. These field visits have been effective in making the people conscious about health of their children.

The number of children treated in the clinic:

Through different services outlined above, the clinic provided services to the following children.

Total Number of children treated	105
Number of children from slum area	68
Number of children from street	37
Number of Hospital Referral	12 (out of 105 patients through Mobile health service)
Number of female patients	24
Number of Male patients	81
Major diseases identified	Viral Fever, Diarrhea, cut injury, cough and cold, chest infection

The clinic had expected to provide services to 1000 children within the first year of its operation. Due to the delay in starting the project, expected number of children which was 205 in the first quarter could not be reached and only 105 children were treated. Still the number is high because the clinic was started in February and within 2 months time, 105 children were provided with services. The ratio of the male and female child patients has remained 80:20 as expected.

Some variance occurred in the following field of programs during the first quarter. The effective coordination with the municipality and district health office has not been effective due to the difficult bureaucracy within the government offices.

The digitalized recording of the history of the child patients had been planned and accessories were bought accordingly. However, the software has still not been installed.

As planned, use of peer educators has been very efficient in conveying the message of health and hygiene to children admitted in the clinic and also in slum areas and streets. Currently two peer educators are working on a daily basis on the clinic with frequent visits on the street and slum areas.

Though we had planned to launch a paying clinic for some families and children, it has not been initiated. The clinic has not yet developed the strategy to attract the kind of families who want to pay for the services in transit clinic. Furthermore, the families and children who are able to pay such services don't want to visit the transit clinic due to their negative view about us taking care of 'street children'.

The Challenges

1. Difficulties in determining the age of our target group

Running a health related program is of a great challenge. Everyday a new challenge is faced. Sometimes severe patients over the age of 18 ask for services and they do not fall into our target age group. In such situations, we cannot limit ourselves into criteria because treating the patient or referring them to hospital become more important than asking the age and telling that they do not fit into our target group.

2. High Treatment cost

Sometimes, the cases referred to hospital are too complicated. Their expenses rise up high which makes it hard for the clinic to handle the budget but again the treatment cannot be waived or ignored. So eventually we have to bear the high cost of some children. We face these types of problem every day but we have handled them with great understanding so far.

3. Access and awareness of the service users

Many children and families from slum areas do not have easy access to hospitals and private clinics. The reason is that they don't have health awareness and equally important is that they can not afford due to the extreme poverty. Families in slum areas can not even pay for the transportation to reach us even though the clinic provides free health services.

4. Pathological tests

We did not expect that the cost for pathological tests would be so high. There has been an excessive need of the pathological tests of the children before any treatment plan and medical prescription. We have been paying huge amounts in laboratories for the pathological tests.

5. Staffs:

The number of staff which we had planned in the beginning proved to be insufficient. Some works in the clinic have been managed by volunteers who are contributing for free. A cook has been employed to prepare the food for children admitted in the clinic. Furthermore, the patients can not be treated in the night time if needed as there is no 'on-duty' medical staff during the night time. However, the mobile health service and the clinic are being operated compressively and the staffs are mobilized interchangeably.

Transit Clinic-the team

S.No	Name	Post
1	Dr. Ram Narayan Chaudhary	Doctor
2	Dinesh Chaudhary	Health Assistant
3	Moti Lal Rai	In charge
4	Pushpa Sigdel	CMA
5	Hira Lal Giri	Peer Educator
6	Saroj Shrestha	Peer Educator
7	Ram Prasad Sapkota	Guard
8	Laxmi Regmi	Volunteer
9	Mina Lama	Cook

The Future Plans

The experience over the past three months has taught us many important lessons and hence has laid us to draw conclusions on the following future plans:

- To establish a small laboratory which will reduce the cost of pathological tests and also treatment will be easier as the small tests can be done inside the clinic
- To set up a library for children along with the audio video classes so that they can read books or sketch while they are in clinic
- To arrange a washrooms for street children so that they can come and take shower when they feel like (as they have no place for this)
- To make the field visits in slum areas effective to make it regular so that the people know about us and the services we provide
- To add one more CMA for night duty

End