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Sakriya Project (Civil Society Action to End Exploitative Child Labor) Case Management & Basic Helping Skills Training Resource Manual



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Foreword

I am pleased to see the publication of a training package in the form of a self-help book for the case management training that aligns Tdh's systematic case management process follow-up support to caseworkers and case management facilitators.

Both at global and national levels, Tdh promote 'case management' as an important resource for providing the highest quality service to vulnerable children during emergencies and development settings. For it to be successfully implemented, it requires leadership at various levels. It comes primarily through seeing the value of the system as central to promoting child rights. This requires pillars of support to be built and sustained, especially among core actors but also in other activities such as resource identification, tool development, and capacity enhancement. These activities keep the intervention child-focused.

Amongst many things, this training package includes significant topics such as triage, risk assessment & prioritization of cases, Best Interest Assessment (BIA) & Best Interest Determination (BID) to provide knowledge on vulnerability identification and selection of children.

I firmly believe that this resource book serves the purpose of transferring knowledge to resource persons, social workers, and other actors involved in case management. I hope this resource will help to establish a system of accountability and decision-making for holistically addressing the risks faced by children.

Lastly, I wish to thank the entire Tdh Nepal team who contributed to developing this manual, with special thanks to the CSOs and municipalities for implementing case management and for providing their valued feedback to our team. Likewise, I wish to extend my gratitude to the US Department of Labor and World Education Inc. for funding the Sakriya project.



Kyra Angelina MARWAHA
Head of Multi-Country Delegation (HoMCD)-India and Nepal

Compliments

The provisions of protection and promotion of child rights as included in the Constitution of Nepal, Act Relating to Children 2075, Local Government Operation Act, 2074, Child Labor (Prohibition and Regulation) Act, 2056, Juvenile Justice (Procedure) Rules, 2063, Child Friendly Local Governance Implementation Guidelines, 2078, International Convention on Child Rights, 1989, National Master Plan on Child Labor Prevention (2075-2085) Sustainable Development Goals and other Acts and Rules are in the implementation stage. It is need of the day to achieve the best result by working in coordination and cooperation with people, community, all the three state bodies and NGOs in relation for achieving the best interest of child and the protection of their rights.

Terese des hommes foundation is one of the leading Swiss non-governmental organizations actively working in Nepal since 1985 in the area of rights of children. It is diligently working for the development of child protection system in the community. The case management method is important for the prevention, protection and restitution of the children who is in need of special protection as per Section 78 of Act Relating to Children 2075 and this is also the area where Terre des hommes foundation has specialized. It gives immense pleasure from the publication of "**Case Management and Basic Helping Skill Training Resource Manual**" under the Sakriya project in order to minutely and effectively implement the case management. While going through the resource manual, I found that it includes subject matters relating to psychosocial assistance and basic helping skills including basic information on rights of child, existing legal provisions of right of child, arrangement necessary for the case management, and the case management steps. I believe that this will help to establish and strengthen child protection system at the community level.

I wish all the best for the success of this resource manual in addressing the problems of children at risk by extending my gratitude to the relentless efforts of *Sakriya* team, World Education, partner organizations working in districts, and local levels who directly and indirectly contributed in the preparation of this resource manual.



Sudarshan Neupane
Country Deputy-Director
Nepal Country Office


Foreword

Under outcome 3 of the Sakriya project which focuses on the implementation of initiatives to address child labor, case management has been an integral part of this outcome. The Sakriya project built capacity of 15 civil society organizations, 45 municipalities, and community based organization networks through series of case management trainings and orientations. Additionally, support has been provided for the formation of community-based child protection mechanisms and referral pathway and service mapping in each of the 45 municipalities.

Tdh Foundation has supported this technical capacity building. I would like to thank Tdh for their technical capacity building initiatives in the form of trainings and resource material development. Ms Nita Gurung through her extensive experience working on case management systems has led the team to provide the capacity building initiatives.

This resource material will be a very useful reference for civil society organizations and municipalities to further their work and initiatives around case management and child protection mechanisms.

We hope this material will support the strengthening of the child protection mechanisms and reinforce the project's intervention on community-based child protection mechanisms to ensure children's rights and prevent child labor.

A handwritten signature in black ink, appearing to read 'R Joshi', is shown on a light-colored background.

Roopshree Joshi
Project Director
SAKRIYA
WORLD EDUCATION INC.

Acknowledgement

The Case Management and Basic Helping Training Resource Manual have been developed as a part of Sakriya project supported by USDOL. Case Management Training Manual is contextualized and developed for the capacity building of decision makers and civil societies for systematic case management in 15 districts of 45 municipalities' representatives and 15 implementing partners under the Sakriya project, specially to achieve the outcome 3 i.e. Capacity Building: "Improved capacity of civil society to implement initiatives to address child labor/and or forced labor and violations of acceptable conditions of work."

Firstly, I would like to extend my gratitude to Mr. Julien Bettler, Country Representative of Tdh Foundation, Nepal Delegation for his constant support and guidance in the whole process of case management and basic helping training resource manual development. Secondly, I would like to thank Ms. Kyra Angelina Marwaha, Head of Multi Country Delegation-India & Nepal; Mr Sudarshan Neupane, Deputy Country Director, Nepal Country Office for their continuous support and enabling environment to finalize this resource manual.

Thirdly, I would like to thank the team of World Education Inc. for their continuous technical assistance and valuable inputs in developing this manual, specially to Ms. Catharine Morgan, Ms. Helen Sherpa, Country Director, Ms. Roopshree Joshi, Project Director, Mr. Tul Bahadur Baniya, Mr. Nabendra Shrestha and Mr. Samim Akhtar and all consortium members of Sakriya Project for their suggestions and valuable input on case management and basic helping skills training resource manual development and validation.

Last but not least, I would like to thank to CP team specially Jagadish Bahadur Singh, Rhitamvara Pokhrel, Sushma Masarangi, Namrata Lama, Sakriya Team and Board Members of 15 CSOs namely MANK, CDS, UEMS, Prayas Nepal, GMSS, Aasman Nepal, Save the Saptari, CPO, RDC, SDC, DHRWC, BASE, BUC, TUWC & HURAC Nepal; 3 Provinces, 15 Districts & 45 Municipalities namely Bagmati Province: Sindhupalchowk-Panchpokhari, Melamchi, Indrawati; Bhaktapur-Changunarayan & Suryabinayak; Kathmandu-Gokarneswor; Lalitpur - Lalitpur Metro City (LMC) Municipality, Godavari, Mahalaxmi; Dhading- Dhunibesi, Thakre, Gajuri; Makawanpur-Bhimphedi, Gadhi, Bakaiya; Madhesh Province: Rautahat- Garuda, Yamunamai, Rajpur; Sarlahi-Hariwon, Haripur, Lalbandi; Mahottari- Manarasiswa, Ramgopalpur, Samsi; Saptari- Chhinnamasta, Bishnupur, Rajgadh; Dhanusha- Mithilabihari, Bideh, Aurahi; Kapilvastu- Shivaraj, Maharajgunj, Buddhabhumi; Dang- Tulsipur Sub Metro City, Lamahi, Rapti; Banke- Nepalgunj Sub Metro City, Duduwa, Janaki; Bardiya-Gulariya, Bansgadhi, Badhaiyataal; Rolpa- SunilSmriti, Sunchhahari and Triveni who involved directly and indirectly during case management process and providing essential services to vulnerable children by adopting case management steps, principles and best interest of children and for their valuable support, feedback and input during the development & review of this manual.



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(Case Management Expert & Psychosocial Counsellor)
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Abbreviations & Acronyms

3L	:	Look, Listen, Link
AFN	:	Antenna Foundation Nepal
BASE	:	Backward Society Education
BHS	:	Basic Helping Skills
BIA	:	Best Interest Assessment
BID	:	Best Interest Determination
BUC	:	Banke UNESCO Club
CAAFAG	:	Children Associated with Armed Forces and Armed Groups
CBCPM	:	Community-Based Child Protection Mechanism
CBO	:	Community Based Organizations
CDO	:	Chief District Officer
CDS	:	Child Development Society
CFLG	:	Child Friendly Local Governance
CL	:	Child Labor
CL&MPC	:	Child Labor & Migration Programmeme Coordinator
CM	:	Case Management
CP	:	Child Protection
CPI	:	Child Protection Incident
CPiE	:	Child Protection in Emergency
CPIMS	:	Child Protection Information Management System
CPMS	:	Child Protection Minimum Standard
CPO	:	Child Protection Organization
CPP	:	Child Protection Policy
CRC	:	Convention on the Rights of Child
CSA	:	Child Sexual Abuse
CSE	:	Child Sexual Exploitation
CSO	:	Civil Society Organizations
CVICT	:	Centre for Victims of Torture
CW	:	Case Worker
CWO	:	Child Welfare Officer
DCC	:	District Coordination Committee
DCD	:	Deputy Country Director
DHRWC	:	Dalit Human Right Watch Committee
EU	:	European Union
GBV	:	Gender Based Violence
GMSS	:	Grameen Mahila Swabalamban Sanstha
HIV/AIDS	:	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
HMC	:	Health Management Committee
HoMCD	:	Head of Multi Country Delegation
HURAC	:	Human Rights Awareness Centre
IASC	:	Inter Agency Standing Committee
ID	:	Identity

ILO	:	International Labor Organization
LCRC	:	Local Child Rights Committee
LMC	:	Lalitpur Metropolitan City
M&E	:	Monitoring & Evaluation
MANK	:	Mahila Atma Nirbhar Kendra
MCD	:	Multi Country Delegation
MHPSS	:	Mental Health & Psychosocial Support
MOFAGA	:	Ministry of Federal Affair & General Administration
MOWCSC	:	Ministry of Women, Children and Senior Citizen
NCRC	:	National Child Rights Council
NGO	:	Non-government Organization
PFA	:	Psychological First Aid
PM+	:	Problem Management Plus
PSC	:	Psychosocial Counseling
PSP	:	Primary Service Providers
PSS	:	Psycho-Social support
RDC	:	Rural Development Centre
RM	:	Rural Municipality
RP	:	Resource Person
SAN	:	Swatantrata Abhiyan Nepal
SDC	:	Social Development Centre
SMC	:	School Management Committee
SOLER	:	Sitting squarely, Open posture, Lean forward, Eye Contact, Relaxed
STS	:	Save the Saptari
Tdh F	:	Terre des hommes Foundation
Tdh	:	Terre des hommes
ToR	:	Term of Reference
TOT	:	Training of Trainers
TPO	:	Transcultural Psychosocial Organization
TWUC	:	Tharu Women Upliftment Centre
UEMS	:	Urban Environment Management Society
UN	:	United Nations
UNCRC	:	United Nations Convention on the Rights of Child
UNFPA	:	United Nation's Population Fund
UNICEF	:	United Nation's Children Fund
USAID	:	United States Agency for International Development
USB	:	Universal Serial Bus
USDOL	:	United States Department of Labor
WASH	:	Water, Sanitation and Hygiene
WCRC	:	Ward Child Rights Committee
WDO	:	Women Development Officer
WEI	:	World Education Inc.
WFCL	:	Worst Form of Child Labor
WHO	:	World Health Organization

Glossary

Children

Children mean persons who have not reached the age of eighteen years.

Child right

A boy or a girl, before birth (prenatal stage) and after birth, needs appropriate nurture and care along with legal protection for his/her overall physical, psychological, social and emotional development. The rights of children include fulfilment of basic needs during the childhood according to his/her age and for physical and mental growth.

Abuse

The common meaning of abuse is unwanted behavior. Child abuse includes emotional abuse, physical abuse, sexual abuse, inattention, neglect or negligence and verbal abuse affecting the physical, mental, emotional and psychological development of the children.

Discrimination

Discrimination may be directed against children based on sex, caste/ethnicity, HIV affected or infected disabilities etc.

Physical torture

International conventions prevent physical punishment or probability of exploitations in schools, at home and any other organizations. Further more, physical torture is understood degrading act and cruel behavior affecting physical and mental state of any person.

Violence

Violence against person is also behavior against an individual by any person, group, society, state, and religion, culture causing physical and mental harms.

Exploitation

Child exploitation is exploitation by adults against the children using inappropriate methods or taking benefit of particular situations for their interest, benefit and gains. Child exploitation is generally a planned hurtful behavior and action perpetrated against children. It includes any types of exploitation including physical exploitation, sexual exploitation and labor exploitation. The abduction and trafficking of women and children is the worst form of child exploitation

Physical abuse

Physical abuse means battering, pinching, hurting children, making children work beyond his/her physical capacity or for a long time continuously without giving break that affects his/her physical, mental and educational development, and it includes corporal punishment in school and at home in the name of making them studious and disciplining them etc.

Emotional Abuse

Emotional abuse means reprimanding children, speaking and behaving in a way that hurts a child's self-confidence and the use of children by adults for their interest by enticing, luring or putting pressure.

Verbal abuse

Verbal abuse means teasing the children, calling names which they do not feel comfortable with. It also includes rebuking, suppressing, cursing, giggling and scolding without any reason.

Carelessness, neglect or negligence

Carelessness, neglect or negligence means not to take care of, keep in the dirt, keep hungry or not giving clothes to the children, keep the children away without caring of, so that not possible to assume danger of the situations to them, ignore to give necessary nutrition and medical care or not in time nutrition and medical care to children, or not to listen to children, neglect and leave the children wherever they go.

Exploitation

Child exploitation refers to using children for the interest, gain and benefit of adults or also take advantages of any situations by the adults.

Child Sexual abuse

Child sexual abuse means any misbehavior with sexual motives with children by the adults. For examples: to engage with or make them engage in any types of sexual activities and make them engage pornography to the children etc.

Child Sexual Exploitation

Child sexual exploitation means engaging children in prostitution, sexual activities, trafficking for sexual exploitation, abduction and misuse of children in pornography for the economic benefit or advantages or for other purpose by any adults.

Rescue

Rescue means releasing or retrieving children from situations of risk or of exploitative conditions with the help of government authority.

Reunion

Reunion denotes sending children back to their family or to family/community where they were formerly dependent upon for long term care.

Rehabilitation

Rehabilitation means rescuing and bringing children, who have been made to engage in labor, back to family and community to ensure their appropriate development and protection.

Child Protection

Child protection means the prevention from and response to any types of harm to the children. Child protection is the protection from physical and mental torture that may be committed against children, and which might have serious and negative impact on the physical, mental, psychological, social, moral and intellectual development of the children.

Child protection mechanism based on the community

The network formed with the aim of coordinating efforts against the violence and abuse against children. It is a network where the member is representatives from community level formal and informal mechanisms.

Referral system

Referral system is a procedure and system set up to provide necessary child protection services through sharing of information among concerned agencies about child protection incidents/cases and addressing them.

Referral mechanism

Referral mechanism is a plan as to what activities and how those activities will be undertaken by the agencies and institutions for the victim children in child protection work.

Case Management

Case management is a process where caretakers work as a group to make plans to improve the situation of children and implement them. It is a process of focusing individually on the individual problems of each and every child; as well as a process of systematically recording information related to the children in the case registration system; it ensures the privacy of information. Case management is an information and decision mechanism that manages the relation of a certain period between children and adult child protection workers in order to manage the special vulnerability of a child in a logical, participatory, organized and in coordinated way. Case management is a process for providing children and families at risk or in need to support or services directly or referring them to other appropriate agencies that provide them and having them receive those support and services after such children/families are identified. It also denotes coordination, cooperation and documentation.

Best Interest

The best interest is the selection of best alternative for the children. All activities concerning to the children shall be done with their best interest at the centre. If any father, or mother or any responsible is not able to perform in the interest of a child, then the state shall need to arrange proper care for such children. The state also needs to make such parents/guardians realize their responsibility and capable to fulfil them.

Assessment of Best Interest

The assessment of best interest is the identification of the alternative for benefit of the children and the process of preparing the list of the best alternatives.

Determination of Best Interest

The determination of the best interest is the process of selection of the best alternative for the benefit of children.

Child Labor

Child labor means the use of children in work affecting their health, physical, mental, intellectual, moral and social development negatively and ignoring their right to get an education. Any work imposed to children that cause hindrances to their right to get education, physical, mental, character, moral and social development is called child labor.

Child work

Child work means to engage children in work in such a way that respects their health, involve parents' love, playing games, nurturing and caring including other basic rights. The child work represents their right to development of skills that are essential for having a good life.

Triage

Triage is a French word. It means to separate, to classify and to select. It is a process of separating, classifying and selecting the service holders to provide them required service on the basis of sensitivity, contingency, complexity and seriousness of the event/situation.

Assessment of Vulnerability

Assessment of identifying a child whether he/she is actually at a risk of harm or not. The goal of assessment of vulnerability is ascertain the need to act immediately for the safety and protection issues of children like suicidal tendency, drug abuse, abuse or exploitation from others, violence and anger against others, trafficking, family separation, abandonment, neglect, child labor etc. The assessment of vulnerability is done based on emergency, sensitivity, complexity and seriousness of the situation/cases.

Care Plan

Care plan is a guideline for providing care and support to children. It helps to achieve the goal by identifying the type of supported needed and where it is needed. Care plan is an overall framework of processes of identifying the areas of support needed and receiving them. The best interest of children is the primary goal of the care plan.

Case Closure

Case management may stop for service holders at any point of time. This is called case closure.

Case meeting

Case meeting means the meeting between concerned expert and stakeholders focusing on best interest of children at risk.

Unaccompanied Child

A child who is separated from family and living alone without protection of any known or unknown adult is called an unaccompanied child.

Separated Child

A separated child means a child who is separated from family but living under the protection of any known or unknown relative or an adult belonging to the child's community.

Psychosocial

Psychosocial is a combination of two words psychological and social. The terminology psychosocial denotes the interaction between the mind and society. It is a process of dynamic relation taking place between person and society.

Psychosocial Health

Every person grows in society. It is obvious that everyone pursues for his/her dignity and respect. Likewise, s/he wants his/her life should be spent as per his/her interest and under own control. Everyone has his/her own commitment and goal and they want to fulfill it. A person wants closeness from another person and feels owned. The positive management of these matters are psychosocial health.

Psychosocial Problem

The interaction between person and society can sometimes create negative impact that may change to his or her mind (opinion, thinking and perception). It may cause him/her to demonstrate unusual behavior and it may create problems to his/her daily activities. This can be called psychosocial problem.

Psycho-counseling

Curative conversation between person in problem and helping worker or facilitator is psychosocial counseling, in which, conversation, active hearing and exchange of experience take place.

Psychosocial Psycho-counseling

Psychosocial psycho-counseling is a counseling or conversation between affected person and psycho-counselor with the objective of bringing changes in present problem, difficulty or behavior of rescued person from psychosocial problem

Psychosocial Assistance

Psychosocial assistance means any type of local or external assistance to save or promote psychosocial well-being and prevention and treatment of mental problem.

Communication

Communication is medium of exchange of information. Or process or medium of sending and receiving or exchanging the information.

Effective Communication

Effective communication is a holistic process of ensuring whether a person understands exactly what the other has said or expressed in its true sense and getting his response as well.. The features of effective communication consist clear and simple language as per age and level, two way communication as well as speech free of blames to each other. Therefore, effective communication means to express by speaking or gesturing your views, desires, needs, fears etc. in accordance with the existing culture and circumstances

Verbal Communication Skills

Verbal Communication Skills means exchange of information through words or sentences. The Verbal Communication Skills means exchange of information through words or sentences. The language we use to convey information needs to be meaningful and clear. One of the important verbal skills that a child protection worker needs is the skill of asking questions.

Non-Verbal Communication Skill

Conversation is the main form of communication. But the studies state that the information can also be shared non-verbally. For example, conversation symbols, body gestures, and eye looks etc.

Empathy

Empathy is such a state where the psychological counselor understands the problems of the concerned person in the real sense and reflects it in his/her dealings. This includes listening to the party carefully, understanding worries and communicating those with the party. The appropriate use of these methods can help to provide a feeling of empathy to the concerned

Psychological First Aid- PFA

Psychological First Aid (PFA) is a type of psychological help provided in the initial stage for immediately reducing the psychological problems arising due to different events (natural disaster or man made events) in a person's life and to ease the discomfort arising in a person's mind.

Mental health and psychosocial support (MHPSS)

Mental health and psychosocial support means any types of local and external supports with the objective of psychosocial health protection and promotion as well as the prevention and treatment of mental health problems in the situation of emergencies. Further, it also focuses on various types of supports and requirement of principles related to each other.

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About the Case Management & Basic Helping Skills Training Resource Manual

Background:

Children are the basis of our hope and trust, and agents of change, and future captain of the nation. They are the future policy makers of the country. Today we are their support, so will they be ours in the future. Therefore, the supportive and safe environment and appropriate socialization we provide them today will be the base for tomorrow's prosperous nation. To make the children able to drive the nation tomorrow, we need to ensure their happy childhood. Then only, they can be prepared as capable generation who can contribute for community and nation. It is obvious that children have to depend on adult unto a certain age during which there is a chance of falling victim to child protection risk. This has been proved by the inhumane incidents that have happened around us. Children are at the risk of different types of violence, abuse and discrimination. Thus, it is the right of the children to get protection from all these harm and it is the duty of adults to protect them by ensuring the same.

It is the right of all children to get safe environment along with the guarantee of their protection. The Constitution of Nepal 2015 (2072), National Law and National Child Policy, 2012 (2069) and the UN Child Rights Convention, 1989, to which Nepal is a party, and its two optional protocols (the sale of children, child prostitution and child pornography as well as the Protocol on the involvement of children in armed conflict, 2000) have ensured them. Therefore, it is very important that everyone should focus on preventing children from being subject to any types of violence, abuse, exploitation, discrimination. The main duty of the state is to ensure the right of protection of children. For this, the participation of and coordination between parents, guardians, and each member of the community and the children themselves are essential. Likewise, the schools, health institutions, local child rights committees, local police, mothers' group, child clubs and others are considered as active and important mechanisms for child protection work in the communities.

These community-based mechanisms work actively in the protection of children while being close to children and their families. The members of these mechanisms are directly or indirectly well-informed on any kinds of violence, abuse, exploitation, discrimination, negligence, and harmful practices against the children in the community. Thus, community-based children protection mechanism is accepted as an important part of national children protection system of Nepal. Hence, the enhancement of the knowledge, skills and capabilities of members of child protection mechanisms is necessary to make these mechanisms effective so that the issues related to the

protection of children in the community level can be addressed as early as possible and prevent their victimization and provide justice to them.

Government of Nepal has made the provision for forming local child rights committee as per Chapter 6 under the Act relating to Children 2018 (2075). The provision has made local government accountable for effective implementation of their roles and functions.

The capacity enhancement of the members of children protection mechanism is necessary to support child protection mechanism as local child rights communities formed at village/municipal/ward level based in communities to bring effectiveness in child protection in the community level. Similarly, knowledge on subject matter, skills and capacity enhancement of the concerned individuals and organizations involved in the protection of children seems necessary. This Manual aimed at making the children protection mechanisms strong to achieve expected outcomes. The experiences have shown us that if we can make communities-based child protection mechanism effective and capable, then only we can achieve desired goals.

Introduction and Structure of this Resource Manual:

The case management and basic helping skills training resource manual is divided into seven modules:

- Module 1 : Opening and Introduction
- Module 2 : Overview of Child Rights
- Module 3 : Overview of Child Protection
- Module 4 : Overview of the Case Management Process
- Module 5 : Psychosocial Support during Case Management and Dealing with Child Survivors/Child Laborers
- Module 6 : Training Facilitation Methods/Tools (Only for TOT on CM & BHS)
- Module 7 : Closing

This resource manual will provide clarity on concepts of child rights and child protection, examples of vulnerable situations and cases of child protection in Nepal, and child protection methods and mechanisms. Furthermore, this resource manual will provide information on mechanisms of child protection at the province, national, district and community level. Thus, this material will be useful for all agencies involved in case management and child protection as well as child protection workers at all the levels. This manual will be useful for psychosocial counselors, caregivers and case management workers during their work in child protection, case management of affected and vulnerable children.

Process of Case Management:

Children are more vulnerable to the effects of various natural and man-made incidents. Thus, it is the duty and responsibility of all adults to provide the protection of children at risk. It is very necessary to address such issues related to children in a timely manner. Child protection case management is the most important system and process to address child protection issues.

Case management refers to identifying children and families at risk, and providing them with direct assistance and services or referring them to concerned bodies for complete support. This process also includes coordination, cooperation, and documentation. When addressing problems related to children, it also helps to clearly identify the role of specific concerned organizations. Case management is not only an important process of addressing child protection risk at present but

also protecting them from future risks. This will also help in capacity building of the concerned stakeholders, and establishment of a well-managed, responsible and organized system. Case management is an essential task of child protection system as it contributes to addressing abuse, violence, exploitation and neglect against children.

Objectives of Case Management:

- To address the problems of children in a simple way that respects and ensures the rights of children.
- To ensure the fulfilment of child rights by helping children at risk and supporting them to return to their normal conditions.
- To support the creation of capable and skilled human resource and human capital by improving the confidence of children and their families.
- To reduce the difference between policies and practices in child protection.

Importance of Case Management:

Case management is important to properly address the risk and problems of identified families and children at risk that need protection and support.

Use of this Resource Manual:

This resource manual's modules will help in managing cases related to children in an uniformed, organized way. In addition, each module contains an overview on the topic matter and required templates for proper documentation.

Case management of children involves 19 forms that serve as necessary documents in the case management records. Among which, form 1 to 10 are compulsory to fill out for case identification to case closure. Other forms like form 12 and 13 are specific and necessary for search and rescue of children. Additional forms are filled according to the situation of the child and nature of the case.

This resource manual can be used for different purposes including conducting child protection related trainings, case management, psychosocial support, self-care and material for self-study.

Based on individuals' chosen purpose, the trainer can choose different materials from the seven modules to match goals of training and target group. At the end of this manual, please refer to templates and scenarios formatted in one to up to ten day training sessions.

A trainer or facilitator can utilize the resource manual to prepare trainings, presentation and study materials to be distributed to participations. They can refer to module 6 for facilitation methods.

When individuals choose to use this a self-study material, they can focus on specific topics according to their needs. Study of the materials can increase knowledge, skills and expertises on different aspects related to child protection.

Training Module on Case Management and Basic Helping Skills:

Introduction

This Case Management training is designed for capacity building of CSOs, Municipality Representatives, LCRC/WCRC representatives and CBOs under the Sakriya project.

Objectives of the Case Management Training

The main objectives include enhancing knowledge and skills of CSOs, Municipality Representatives, LCRC/WCRC representatives and CBOs representatives from multi-sector stakeholders on community-based child protection mechanism (CBCPM), case management process and referral mechanism. In addition, the training will address enhancing knowledge and skills on child rights, child protection, child protection issues, the case management process, best interests of a child, risk assessment, psychosocial counseling, psychological first aid, and other important concepts.

Target Participants of the Case Management Training

- CSOs
- Municipality Representatives
- LCRC/WCRC representatives
- CBOs Representatives

Methodology

- Participatory Quiz
- Interactive Discussion
- Brainstorming
- Group Discussion
- Roleplay
- Game/Refreshers

Training Modality

- One-Day Training
- Two-Day Training
- Three-Day Refresher Training
- Five-Day Basic Training
- Seven-Day Training
- Nine-Day Training
- Ten-Day ToT on Case Management & Basic Helping Skills

Modules of Case Management and Basic Helping Skills Training

The main themes of the seven modules from the case management and basic helping skills training manual are as follows:

Module 1: Opening & Introduction

- Registration/attendance
- Opening session: objective of the workshop
- Introduction: Setting up expectations and group norms
- Roles and responsibilities: rapporteur/ management/ evaluation/ entertainment for each day
- Pre-test
- Feedback session
- Practice

Module 2: Overview of Child Rights

- Who is a child?
- UNCRC 1989
- Four groups of child rights
- Principles of child rights
- National policies on children
- Constitution 2015
- Local Government Operation Act, 2074
- Children Act, 2075
- Child Friendly Local Governance (CFLG) Indicators, 2078
- National Master Plan to Eliminate Child Labor (NMPECL), 2075-2085

Module 3: Overview of Child Protection

- Basic needs and rights of child
- Child protection and its issues
- Protective environment for children
- System Component for Child Protection
- Community-Based Child Protection Mechanism (CBCPM) and Referral Mechanism

Module 4: Overview of the Case Management Process

- Pre-Requisite of Case Management Process
- Points to be considered to implement Case Management Process at local Level
- Definition of Case Management, Case Management Workflow, Core Principles of Case Management,
- Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure),
- PSP Selection,
- Best Interest of Child, BIA and BID,
- Case Meeting/Case Conference and Multi-sector Coordination,
- Triage, Risk Assessment & Prioritization of Cases, Vulnerability Criteria
- ToR for Focal Persons during Case Management,
- Creating Case Management Files & Folders,
- Confidentiality & Data Protection, revised case management forms, Case Management Exercise- Form Familiarization & Role Play

Module 5: Psychosocial Support during Case Management for Child Survivors and Child Laborers

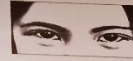
- Psychosocial: wellbeing, problem, reasons, support and symptoms
- Psychosocial counseling, communication skills, verbal and non-verbal skills (SOLER)
- Psychological First Aid (PFA)
- Basic helping skills during case management
- Group management skills
- Roleplay and feedback session
- Self-awareness & self-care
- Free psychosocial support & referral mechanism (helpline & hotline)

Module 6: Training Facilitation Methods/Tools (Only for TOT on CM & BHS)

- Concept & Approaches of Training
- Objectives of Training
- Major stages of Training
- Stages of Training Cycle
- Qualities of Good Trainer
- Points to be considered by Trainer during training management
- Administrative role of Trainer
- Training Methods
- Feedback session-Sandwich Model Feedback
- Effective presentation skills
- Major points for Appreciative Feedback for effective presentation
- Session Plan
- Framework/Outline for effective session delivery for Micro Teaching/Presentation

Module 7: Closing

- Action Plan Preparation and Sharing
- Post Evaluation
- Token of Love/Appreciation, Certification and Closing Remarks



Terre des hommes
Helping children worldwide.

Training on Case Management & Basic Helping Skills to LCRC/WCRC Representatives

23 to 29 March 2022

Gokarna Forest Resort
Gokarneshwor, Kathmandu

Funding is provided by the United States Department of Labor under cooperative agreement number IL -32527. 100% of the total costs of the project or program is financed with federal funds, for a total of 2.85 million dollars. The project works across three child labor sectors in 45 municipalities and three provinces with eighteen partners. This material does not necessarily reflect the views or policies of the United States Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the United States Government.

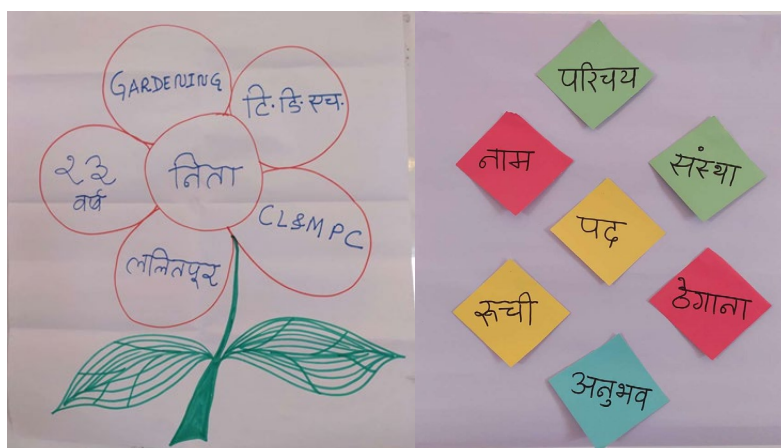
Module 1: Opening and Introduction Session

As the first session of the seven modules, module 1 will include participant registration, discussion of expectations, group norms and objectives, and pre-test of participants' knowledge.

Objectives of Training

The main objectives include enhancing knowledge and skills of CSOs, Municipality Representatives, LCRC/WCRC representatives and CBOs representatives from multi-sector stakeholders on community-based child protection mechanism (CBCPM), case management process and referral mechanism. In addition, the training will address enhancing knowledge and skills on child rights, child protection, child protection issues, the case management process, best interests of a child, risk assessment, psychosocial counseling, psychological first aid, and other important concepts.

Images from Introduction



Images from Session on Group Norms and Schedule

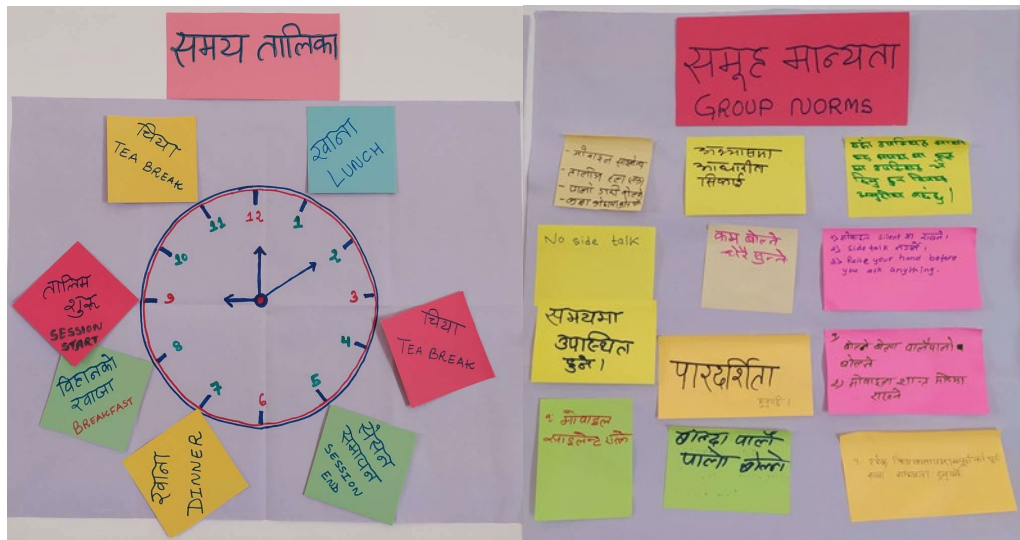


Image from Session on Expectations

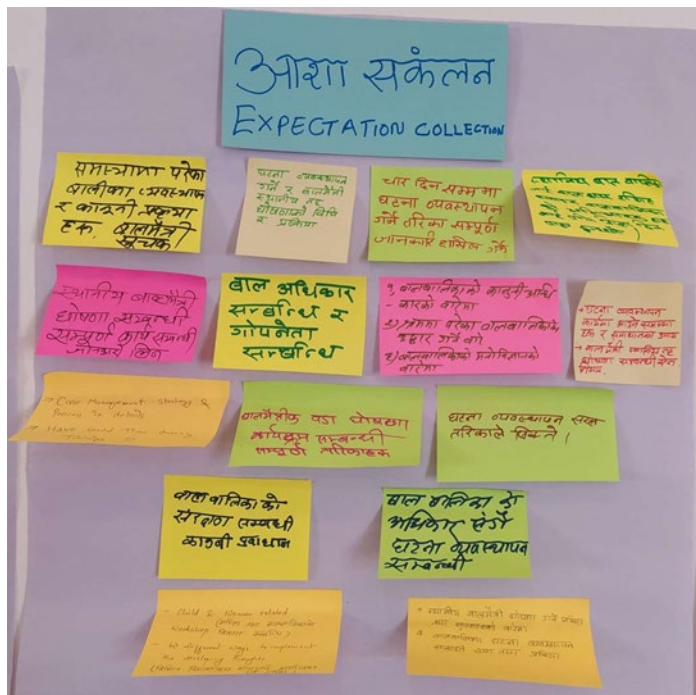


Image from Session on Division of Roles and Responsibilities

जिम्मेवारी बाँडफाँड				
दिन	उपवहधापक	प्रतिवेदक	मुल्यांकन	सतोरज्जन
पहिलो	अम्बिरा थापा	रामशरण लामिडेन	श्रीकृष्ण थापा	सुन्दरबारी पिपलबारी
दोस्रो	रोहित मुखर्जी	गौरी अधिकारी	अम्बिरा थापा	रामशरण लामिडेन
तेश्रो	बैशा डेवी	रिता पन्नामुकी	सविता मुन्गरी	रमा
चौथो	रमा	मन्तराज सिमान	खलिसा ढुंगाना	बैशा डेवी सुन्दरबारी

Module 2: Overview of Child Rights

Defining 'Child' as per National Legislation and UNICEF Language

Definition of Child

Child friendly governance implementation Guideline, 2078

- 2(c) "Children" means persons who have not completed the age of eighteen years (18).

Act Relating to Children, 2075 (2017)

- 2. Definitions: Unless the subject or the context otherwise requires, in this Act: (j) "Children" means persons who have not completed the age of eighteen years (18).

Child Labor (Prohibition and Regulation) Act, 2056 (2000)

- 2. Definitions: Unless the subject or the context otherwise requires, in this Act: (a) "Children" means person who have not completed 16 years of age.

Nepal Citizenship Act, 2063 (2006)

- 2. Definitions: Unless the subject or the context otherwise requires, in this Act: (d) "children" means person who have not completed 16 years of age.

Human Trafficking and Transportation (Control) Act, 2064 (2007)

- 2. Definitions: Unless the subject or the context otherwise requires, in this Act: (d) "children" means person who have not completed 18 years of age.

Convention on the Rights of the Child, 1989

- Article 1: For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier

Historical Background of Child Rights

- Eglantyne Jebb formulated the concept of child rights in 1923. It took 66 years for it to come true.
- UN issued the 10 points "Declaration on the Rights of the Child" in 1959.
- UN General Assembly passed the Convention on the Rights of the Child on 20 November 1989.
- Nepal ratified the convention on 14 September 1990.
- Celebration of November 20 as International Child Rights Day.
- Two optional protocols on UNCRC were approved in 2000.

Framework of UNCRC

There is a total of 54 articles:

- Article 1 – 40 Provision of child rights

- Article 41 May adopt the best one among national or international
- Article 42 States need to publicize
- Article 43-54 Implementation, monitoring, evaluation and reporting

Four Groups of Child Rights

The child rights as mentioned in Convention can be divided into four groups to understand:

Right to Survival

- Every child has inherent right (by birth) to survive.
- Special care to pregnant woman
- Safe birth
- Vaccine and Health care
- Nutritious foods
- Safe drinking water

Right to Protection

- Protection from discrimination (from womb)
- Protection from abuse, harassment, neglect, humiliation, torture
- Protection from all forms of exploitation, including sexual exploitation, labor exploitation
- Protection from trafficking and transportation
- Protection from hazardous work and involvement in war
- Protection from drugs and substance abuse
- Legal protection

Right to Development

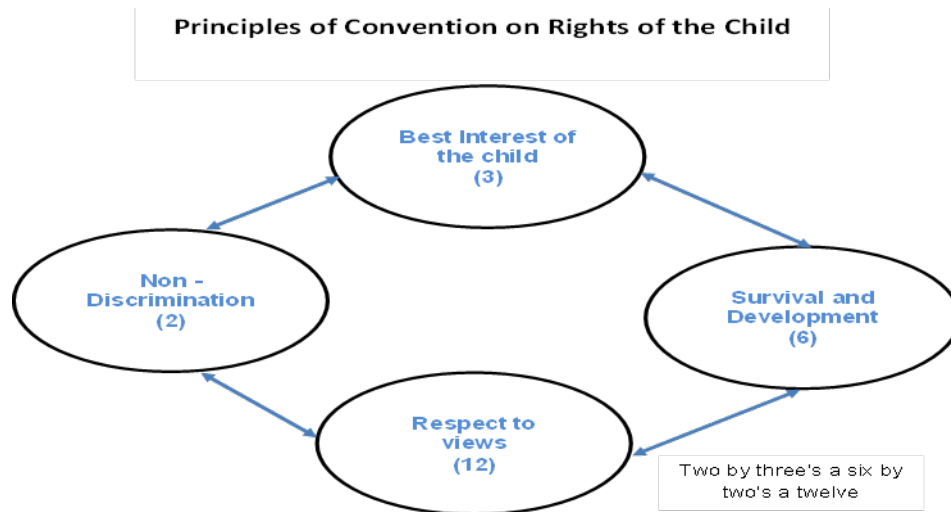
- Good education in a healthy environment (Formal or Non-formal)
- Sports, entertainment and relaxation
- Proper Health care
- Facilities and opportunities required for physical, mental, moral and social development
- Proper guidance and good environment

Right to Participation

- To have a say in decisions that affect their lives and that should be respected
- Participate in creative, social and cultural activities
- Involvement in religious activities by choice
- To establish and participate in institutions

- To respect opinions and feelings of children

Principles of UNCRC



Article 2

All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.



Article 3

All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.



Article 6

You have the right to be alive.



Article 12

You have the right to give your opinion, and for adults to listen and take it seriously.



Non-discrimination

To respect and ensure the rights of children without discrimination on the basis of caste, colour, race, sex, language, religion, political or other beliefs, nationality, ethnicity or origin of society, property, disability, birth of parents or other so on.

The state shall have duty to protect children from any kind of discrimination as per the principle and all the children should be provided all the rights without any exception. State should not violate any kinds of rights; rather it should play a role positively in promoting these rights.

Best Interest of Child

All the activities undertaken for children should focus on their best interests. In case the parents or other responsible persons could not act in favour of the children, then the state shall have to manage the care of these children.

Survival & Development

Every child has inherent right (by birth right) to survive. Development to the optimum possible extent of children's personality, qualifications, mental and physical abilities. Every child has the right to adequate living standards required for his or her physical, mental, spiritual, moral, and social development. Rights of nutrition, clothing, housing, health, education, sports, and entertainment.

Respect the Views of Children

- To have a say in decisions that affect their lives and that should be respected
- Participate in creative, social and cultural activities
- Involvement in religion by faith.
- To keep information about something and express it.
- To establish and participate in institutions.
- To respect opinion and feelings of children.

National Policies on Children

Constitution of Nepal, 2015 (2072)

Important legal provisions on child rights made by the Constitution:

Article 18: Right to Equality

Article 18 of the Constitution has made provision of the right to equality under which no one shall be discriminated on the basis of gender; all citizens shall be treated equally in the application of the general laws. (1) All citizens shall be equal before law. No person shall be denied the equal protection of law.

Article 29: Right against Exploitation

- (1) Every person shall have the right against exploitation.
- (2) No person shall be subjected to any kind of exploitation on the basis of religion, custom, tradition, culture, practices or any other bases.
- (3) No person shall be subjected to human trafficking or bonded labor, and such an act shall be punishable by law.
- (4) No person shall be subjected to forced labor.

Article 38: Right of women

- (1) Every woman shall have equal right to lineage without any gender discriminations.
- (2) Every woman shall have the right relating to safe motherhood and reproductive health.
- (3) There shall not be any physical, mental, sexual or psychological or any other kind of violence against women, or any kind of oppression based on religious, social and cultural tradition, and other practices. Such an act shall be punishable by law and the victim shall have the right to be compensation as provided for in law.
- (4) Women shall have the right to access participate in all state structures and bodies on the basis of the principle of proportional inclusion.
- (5) Women shall have the right to special opportunity in the spheres of education, health, employment and social security on the basis of positive discrimination.

Article: 39: Rights of Children

- (1) Each child shall have the right to his/her identity with the family name, and birth registration.
- (2) Every child shall have the right to education, health care nurturing, appropriate upbringing, sports, recreation and overall personality development from family and the State.
- (3) Every child shall have the right to formative child development, and child participation.
- (4) No child shall be employed in factories, mines, or in any other hazardous works.
- (5) No child shall be subjected to child marriage, illegal trafficking, kidnapping, or being held hostage.
- (6) No child shall be subjected to recruitment or any kind of use in the army, police or armed groups, neglected, or used immorally, or abused physically, mentally, or sexually, or exploited through any other means, in the name of religious or cultural practices.
- (7) No child shall be subjected to physical, mental, or any other forms of torture at home, in school, or in any other places or situations.
- (8) Every child shall have the right to child friendly justice.
- (9) Children who are helpless, orphaned, physically impaired, victims of conflict and vulnerable, shall have the right to special protection and facilities from the State.
- (10) Any act contrary to Clause (4), (5), (6) and (7) shall be punishable by law, and children who have suffered from such an act shall have the right to be compensated by the perpetrator as provided for in law.

Article 42: Right to Social Justice

- (1) Under the Article 42 right to social justice, it has made provision that Socially backward women, Dalits, Aadibasi, Janajati, Adibasi Janajati, Madhesi, Tharu, minority groups, persons with disability, marginalized groups, Muslim, backward classes, gender and sexually minority groups, youths, peasants, laborers, the oppressed and the citizens of backward regions, and economically poor Khas Arya shall have the right to employment in state structures and public service on the basis of the principle of inclusion.

Article 51: State Policies

Sub-Article (i) Policies regarding labor and employment has made provision of ending child labor and all forms of labor exploitation under its No. 3, and Sub-Article (j) Policies regarding social justice and inclusion has made provision of paying primary attention to the utmost interest of children under its No. 5.

Child Friendly Local Government Operation Guidelines, 2078

Child Friendly Local Governance Indicators, 2078

According to the Child Friendly Local Governance Implementation Guidelines, 2078 there are number of 51 child friendly local governance indicators. Without any influence to its core objective, the concerned rural municipality or municipality can add indicators on the basis of resource, means and capacity available in local level and may apply it by localization. The child friendly local governance indicators are included on the ground of four areas of the Child Rights areas, i.e., Child survival, Child Protection, Child Development and Child Participation. According to the Child Friendly Local Governance Implementation Guidelines, 2078, the child friendly local governance indicators are as follows:

S.N.	Minimum service indicators of Child friendly local governance	Required Marks for Declaration
1.	Pregnant women should have at least four times prenatal check up and at least three times postnatal check up of the mother and new born baby after delivery.	95
2.	Pregnant women should have been vaccinated 2 times against TT.	95
3.	Pregnant and lactating mothers should have taken Iron table (total 225).	95
4.	Pregnant women should have the delivery by skilled health workers.	80
5.	Mothers should have compulsory complete breast feeding to the baby till six months of age.	80
6.	Children aged 6 months to 5 years should have taken vitamin A Capsule 2 times in a year.	100
7.	Each child of under 1 year age should have received all and complete vaccines as prescribed by the Government of Nepal and has been declared as completely vaccinated.	100
8.	Child born to HIV positive mothers should have obtained ARV prophylaxis.	100
9.	All family members should have used iodine salt.	100
10.	Number of underweight, stunting and marasmus children under 5 years should have decreased.	80
11.	Number of children with severe malnutrition should have zero.	100
12.	Drinking water facility of basic level should have available in all households.	100
13.	Habit of hand washing with soap water after using toilet, having cleaned the children's stool and before eating/feeding food should have been developed.	100
14.	Each family should have used the toilet and declared open defecation. Free	100

S.N.	Minimum service indicators of child friendly local government	Required Marks for Declaration
15.	All children under 5 years should have birth registration.	100
16.	The rescued children should have been rehabilitated by ending worst form of child labor.	100
17.	The local level should be declared as child marriage free.	100
18.	Violence, trafficking, neglect and abuse against children in family, community and public places (school, social festivals, and meetings) should have been decreased.	80
19.	A community-based child protection system should have been in place and in function.	100
20.	Harmful social practice such as Chhaupadi, Kamalari should have been abolished.	95
21.	Local government/community should have made special arrangements for the protection of orphan children (if any) under the age of 14 years.	100
22.	Number of street children should have been reduced zero at the local level. The street children (if any) should have been managed placing them in child home.	100
23.	The schools located at the local level will not give physical and mental torture.	100
24.	Arrangements should have been made to place the children involved in addiction in child home.	100

S. N	Minimum service indicators of child friendly local government	Required Marks for Declaration
25.	Children aged 3 to 4 years should have been enrolled in Early Childhood Development Centre and sustained rate should have been cent percept. (Special arrangement has to be made for differently able children).	100
26.	Children aged 5 to 14 years should have been attained for basic education (from Grade 1 to 8).	100
27.	Every school should have managed separate toilets for girls and boys along with supply of water utility.	100
28.	The infrastructure (classroom, furniture, playground, drinking water tap) of all schools should have been child-friendly, disabled-friendly, and safe.	100
29.	Every school should have been running extra curricular activities.	100
30.	All schools should have managed to segregate the biodegradable and non-degradable waste and dispose it.	100

S.N.	Minimum service indicators of Child friendly local governance	required marks for Declaration
31.	The child network under the local level should have been formed on inclusive basis and running actively (at least annually organizing 3 meetings and 3 programmes).	95
32.	In the local communities, tols and schools, child clubs should have been formed on inclusive basis and running actively (at least annually organizing 3 meetings and 3 programmes).	96
33.	There will be representation of Child Club in the management committee of the school, which runs classes higher than Grade 5.	100
34.	Child club/network should have represented in health management committee.	100
35.	The institutional participation of children aged 12 to 18 years should have been ensured in the child related structures/committees located at the local level.	90
36.	The programmes put forward through child assembly should be included in the local level planning.	100

S.N.	Minimum service indicators of Child friendly local governance	required marks for Declaration
37.	Child friendly local governance committees would have been formed and actively running in ward, rural/municipality level.	100
38.	Local levels should have implemented child friendly code of conduct, policy and rules by formulating them.	100
39.	At least one Child friendly learning resource centre together with a children-park should have been in operation in the rural municipality/municipality.	80
40.	The local development plan and investment plan for children should have been prepared on the ground of children's profile and being implemented.	100
41.	The agenda prioritized by the Child assembly, which would have been organized at the Ward and Rural/ Municipality prior to the preparation of local level plan, should have been included in the local level planning process.	100
42.	Status paper of children should have been prepared, published and updated at the local level.	100
43.	The Early Childhood Development centre should have completed the minimum standard as determined by local level.	100
44.	School should have run extra classes on child friendly, environment friendly and disaster management for students of class 6 to 10.	100

S.N.	Minimum service indicators of Child friendly local governance	required marks for Declaration
45.	Children who have been deprived of school education after their basic education should have acquired life skill education (vocational and skill-based education).	80
46.	The police unit/office located in the local level should have child friendly room or child friendly contact unit.	100
47.	The student commuting school vehicles should be child friendly and disable friendly as per the standard determined by local level.	100
48.	The administrative office of local level should have managed the breastfeeding room.	100
49.	Child friendly toilets and drinking water taps would have been in place at public places such as bus park, cinema hall, local market (Haat bazar), and play ground.	100
50.	The provisions of addressing the needs of children during disaster should have been included in the local level disaster management planning.	100
51.	Institutional arrangements should have been made for specially supporting the children and persons with disabilities during disasters.	100

Local Government Operation Act, 2074 (2017)

Child rights related important legal provisions of the Local Government Operation Act, 2074:

- The following subject matters of the Local Government Operation Act, 2074 are directly related to children.

Unaccompanied right related provision as per the Annex 8

Management of local service

- Policy, Standard, terms of service, planning, implementation and regulation relating to local service management,

Local data and record Collection

- Basic data collection and management,

Basic and Secondary Education

- Primary child education and school education; preparation, implementation and regulation of policy, law, standards, plan relating to informal educations,
- Construction and maintained of educational infrastructure,
- Examination management of basic level,
- Running and management of local library and reading room (Vachanalaya),
- Cooperation and regulation of educational programme unto secondary level,

Basic Health and Sanitary

- Preparation, implementation and regulation of policy, law, standards, plan relating to basic health and sanitary,
- Running and promotion of basic health service,
- Healthy drinking water and quality of foods and control of air and sound pollution,
- Sanitation awareness raising and management of health related waste

Provision on common rights to be used on cooperation with Federal and Province according to Annex 9

- Vital registration, birth, death, marriage, and data,
- Record of vital registration, management and reporting,
- Rural municipality and municipality shall conduct emergency fund after its establishment pursuant to local law. (Shall special manage child fund).

Function, Duty and Rights of Ward Committee:

Rights under the function, duty and rights of ward committee are as follows:

- Management of children park,
- Running of informal education programme,
- Running and management of Early Childhood Development Centre,

- Running and management of library, study room, community learning centre,
- Running and management of child club and child network,
- Management of health centre and sub-health centre of ward level,
- Management of BCG, Polio, Vitamin A for children,
- Launching of nutrition programme,
- Launching of health awareness raising and health information programme at ward level,
- Construction and management of public toilet and bath room,
- Development of sports infrastructure in the ward,
- Conducting sports activities through inter-school and child club,
- Vital registration, updating and protection of records pursuant to prevailing law,
- Launching of awareness programme on vital registration,
- Making ward child friendly,
- Initiating programme in the ward for the social and economic upliftment of economically and socially backward women, children, Dalits, persons with disability, senior citizens, minorities, marginalized community by keeping their records,
- End or cause to end the harmful social practices and superstitions like child marriage, violence against women, untouchability, dowry system, Haliya customs, Chhaupadi, Kamalari customs, child labor, human trafficking and illiteracy,
- Rescue and rehabilitation of the street children,
- Launch or cause to launch promotional activities like organic agriculture, safe motherhood, student enrolment, complete vaccine, open defecation free sanitation, environment friendly and child friendly governance,
- Furthermore, it has been stated in the agreement of term of reference of Chief Administrative Officer by the government that he/she has or cause to follow and implement child friendly local governance including different issues of children.

Act Relating to Children, 2075 (2018)

Important Legal Provisions relating to Child Rights as stipulated in Act Relating to Children, 2075 (2018):

The bill as made to amend and integrate the laws relating to children

- 15 September, 2018 – Passed by National Assembly with amendment
- 16 September, 2018 – Passed by House of Representatives
- 18 September, 2018- Certification by President

Chapters of this act

Chapter 1: Preliminary- Short title and Commencement

Chapter 2: Rights of the Child

Chapter 3: Responsibility towards Children

Chapter 4: Relating to Juvenile Justice

Chapter 5: Special Protection and Rehabilitation of Children

Chapter 6: Institutional Provisions Relating to Rights and Welfare of the Child

Chapter 7: Protection and Enforcement of the Rights of, and Liabilities Towards, the Child

Chapter 8: Offences against the Child

Chapter 9: Punishment, Compensation and Case Trying Authority- Juvenile Court

Chapter 10: Miscellaneous

Additional information about the chapters of this act

Chapter 1: Preliminary- Short title and commencement

- Children – persons who have not completed the age of eighteen years

Chapter 2: Rights of the Child

- Based on Right to survive, protection, development and participate- Survival, Protection, Development and Participation

Chapter 3: Responsibility towards Children

- Principle of best interest
- Responsibility of the family or guardian
- Obligation of the State
- Responsibility of the media sector

Chapter 4: Relating to Juvenile Justice

- No case and punishment against the child aged below the 10 years of age
- Equal or above 10 years of age but below the 14 years of age- released after counseling, Punishable by a fine, punished with imprisonment for up to six months, to be sent to the child reform home for a period not exceeding one year without subjecting to imprisonment.
- Equal or above 14 years of age but below the 16 years of age- half the punishment
- Equal or above 16 years of age but below the 18 years of age- punished with two-thirds of the punishment

Chapter 5: Special Protection and Rehabilitation of Children

- Alternative care

Chapter 6: Institutional Provisions Relating to Rights and Welfare of the Child

- Provincial Child Rights Committee: to be chaired by the Minister of the Province overseeing the matters relating to children.
- Local Level Child Rights Committee: to be chaired by a Member of the Rural Municipality or Municipality designated by the Vice-Chairperson or Deputy-Mayor of such Rural Municipal Executive or Municipal Executive respectively
- Number of members of child right committee and the functions, duties and rights and procedures of meetings of the Committees shall be as determined by the Province and Local Level
- Provision of Child welfare authority at the local level
- Provision of Social Service Provider and Child Psychologist and Child Fund at Local Child Rights Committee

Chapter 7: Protection and Enforcement of the Rights of, and Liabilities Towards, the Child

- Judicial Committee
- High Court

Chapter 8: Offences against the Child

- Violence, sexual abuse, addiction, physical, mental, to harass or cause pain by using electronic or other means, use in political purpose, handcuff, to treat in a cruel or inhumane manner

Chapter 9: Punishment, Compensation and Case Trying Authority

- Juvenile Court

Chapter 10: Miscellaneous

- Basis for determining children's age: Birth registration issued by hospital, date, Local Registrar's Office, School Character Certificate
- Power to frame guidelines and operational procedures: Ministry, Juvenile Justice, Supreme Court

The Act Relating to Children, 2075 (2018) has made provision of 13 major rights (section 3 to 15) of children based on fundamental principles of child rights- best interest, without discrimination, hearing the voice, respect of opinion and feeling.

- Under section 3- Right to Live, the Government of Nepal, Province Government, and Local Government shall take necessary measures required for preventive and security services including prevention of possible accidents, and minimization of risks that may occur to the children, in order to protect the rights of the child to live and development.
- Section 4- Right to Name, Nationality and Identity mentions the right to have the name with his or her own identification and birth registration of every child.
- Section 5- Right against Discrimination mentions no discrimination shall be made against any child on grounds of religion, race, caste, tribe, sex, origin, language, culture, ideological thought, physical or mental condition, physical disability, marital status, family status, employment, health condition, economic or social condition of him or her or his or her family or guardian, geographical area or similar other ground.

- Section 6- Right to live with and visit parents has a provision that no child shall be separated or removed from her/his father or mother against her/his wishes.
- Section 7 - Right to protection has ensured that every child shall have the right to receive appropriate care, protection, nurturing, and affection from her/his father, mother, other family members or guardian.
- Section 8 - Right to participation mentions that every child that is capable of forming opinion of her/his own shall have the right to participate in decision-making to be taken by her/his family, community, school or other public agency or institution that concerns her/him.
- Section 9- Freedom of expression and right to information has guaranteed that every child shall have the right to voice her/his opinion in a free manner subject to prevailing laws.
- Section 10- Right to establish association and assemble peacefully has a provision that every child shall have the right to establish child clubs or associations or assemble peacefully for the purpose of safeguarding and promotion of child rights.
- According to Section 11- Right to confidentiality it has been mentioned that every child shall have the right to confidentiality in matters of her/his body, residence, property, documents, data, correspondences and character.
- Section 12-. Special rights of children with disabilities mentions the provision of special protection shall be made as prescribed for children with disabilities.
- Section 13- Right to nutrition and health has ensured that every child shall have the right to receive proper -nutrition and clean drinking water and children under two years of age shall have the right, among others, to breastfeeding.
- In Section 14- Sports, recreation and cultural rights provision is made that every child shall have the right to play games and take part in sports suitable to her/his age and interest.
- In Action 15- Right to education provisions have been made that children under six years of age shall have the right to learn in a manner suitable to their age and development stage and to early childhood development.

Besides, the Act Relating to Children has made various provisions such as: in Section 16- every agency and organization involved in children's work should accord priority to child's best interest; in Section 17- duty of family or guardian; in Section 18- duties of State; in Section 19- duties of the media; in Chapter 4- child justice; in Chapter 5- special protection and rehabilitation of children; in Section 48- group of children in need of special protection; and in Section 49- provision of alternative care for the children in need of special protection.

CHAPTER 5: SPECIAL PROTECTION AND REHABILITATION OF CHILDREN

Children in Need of Special Protection:

- Orphan children,
- Children that have been left or found abandoned in hospital or other public places or separated from parents or left unclaimed, with the identity of their parents unknown,

- Children that are not receiving appropriate care due to physical or mental disability or incapacity of their parents,
- Among children in conflict with law, those who have been referred for alternative care under the diversion process,
- Children staying in prison being dependent on their father or mother who is detained or imprisoned,
- Infants born due to rape or incestuous relationships that are punishable by law and concerning whom application has been submitted to a child welfare officer, claiming inability to raise them,

Provision of Alternative Care:

- (1) The children as per segments (a), (b), (c), (d), (e), (f) and (g) shall be considered as children that require alternative care.
- (2) The child welfare officer shall make arrangements for alternative care for the children as per Subsection (1) based on the priorities stated below:
 - a. Relative from the side of the father or mother of the child,
 - b. Family or person willing to provide care to the child,
 - c. Organization that provides family-based care,
 - d. Children's home.
- (3) Other provisions concerning alternative care shall be as prescribed.

Protection of Children:

- (1) A person who has information about a child in need of special protection at any place shall inform the same to the child welfare officer.
- (2) On receiving information as per Subsection (1), if the child welfare officer finds it necessary to urgently rescue the child, she/he shall rescue the child and put her/him in a temporary protection pursuant to Section 69.
- (3) Acting on the information received pursuant to Subsection (1), the child welfare authority may make arrangements for providing necessary services after conducting investigations and inquiries.

Appointing or Designating a Guardian:

While placing in alternative care service pursuant to Section 49, arrangement shall be made for appointing or designating a guardian as per a prevailing law.

Establishment and Operation of Children's Home:

- (1) The Government of Nepal, Province Governments and the local level shall set up children's home, as required, for the purpose of protection of children in need of special protection.
- (2) The provisions regarding establishment of children's home, qualifications of directors, permission for operation, renewal, classification, management, operation standards and monitoring provisions shall be as prescribed.

Duration of Stay at Children's Home:

Children who are in need of special protection shall be kept in children's homes until they have been properly rehabilitated or until they have attained the age of eighteen years.

Family Reunion to be Brought About:

- (1) Family reunion shall be carried out if the parents or guardians of the children staying in children's homes are traced and if it is in the best interest of the children to do so.
- (2) After the coming into force of this Act, no child shall be kept in children's home other than in circumstances pursuant to Sections 49 and 69 of this Act.

Duty of Rehabilitation and Social Reintegration:

Child protection standards: Every school, public body, private sector and social organization that directly works with children shall formulate and enforce child protection standards at institutional level in order to prevent violence against children or child sexual abuse, ensure protection of children and to immediately act on complaints.

Monitoring and Reporting:

The person, guardian or organization that has assumed the duty of care and nurturing of children shall submit details of children to the Local Child Rights Committee through the child welfare authority concerned within three months of the closure of each fiscal year.

CHAPTER 6: INSTITUTIONAL PROVISIONS REGARDING CHILD RIGHTS AND CHILD WELFARE

The Act Relating to Children, 2075 has made provision of one Child Welfare Officer in each local level. It has also been mentioned that there shall be a Child Rights Committee at the local level to provide feedback on child rights situation. Likewise, there is the provision of Child Rights Committee at the province level and the Child Rights Council at the national level. Additionally, in pursuant to the implementation of this Act, the local level can formulate children related procedures or policy. In the same way, this Act has made provisions of appointing social service providers and psychologists at the local level for providing child safeguarding and services.

National Child Rights Council:

- (1) A National Child Rights Council shall be constituted as prescribed under the chairpersonship of Government of Nepal, Minister for Women, Children and Senior Citizens to safeguard and promote children's rights and interests.
- (2) The functions, duties and rights of the Council shall be as prescribed.

Province and Local Level Child Rights Committee:

- (1) Province Child Rights Committee, chaired by the minister of overseeing the matters of children, shall be constituted in each province.
- (2) Local Child Rights Committee, chaired by an executive member of the rural municipality or municipality designated by the vice-chairperson or deputy-mayor of such rural municipal or municipality shall be constituted at every local level.

Child Welfare Officer:

A Child Welfare Officer shall be present at the local level in order to respect, safeguard and promote child rights, as well as to carry out child protection work.

Social Service Provider and Child Psychologist:

Persons willing to work as social service providers and child psychologists shall enlist themselves with the Local Child Rights committee as prescribed.

Children's Fund:

The Fund shall consist of the amounts stated below:

- (a) Amounts received from the Government of Nepal, Province Governments, and local level,

- (b) Amounts received from foreign governments, international agencies, organizations and individuals,
- (c) Amounts received from citizens and domestic organizations,
- (d) Amounts received in lieu of fines imposed by the Juvenile court,
- (e) Amounts received from other sources

Formation, Functions, Duties and Rights of the Local Child Rights Committee

Background

The institutional provision of Local Child Rights Committee has been made under chapter 6 of the Act relating to Children, 2075. The provision of National Child Rights Council has been made under the chairpersonship of Government of Nepal, Minister for Women, Children and Senior Citizens to safeguard and promote children's rights and interests in Section 59 of the Act. According to Sub-Section 1 of Section 60 provision of Province Child Rights Committee has been made to be chaired by the minister of the Province overseeing the matters of children in each state. The Local Child Right's Committee can also be constituted in Municipality/Rural Municipality according to "Local Child Rights Committee, chaired by a member of the rural municipality or urban municipality designated by the vice-chairperson or deputy-mayor of such rural municipal executive or urban municipal executive respectively, shall be constituted at every local level" as stated in Sub-Section 2. The Municipality should constitute the Local Child Right's Committee on the ground of its requirement inviting different persons to be present and developing its own procedure by virtue of the rights provided in the Sub-section 3 of Section 60 of the Act Relating to Child, 2075.

Structure of Local Child Rights Committee

It is desirable to ensure the representation of all Wards while constituting the Child Rights Committee by the Municipalities. When constituting the Child Rights Committee following structure can be built and the Municipalities can increase or decrease the number of members as required.

- Deputy Head of Municipality or Member of Executives nominated by him/her... Convenor
- Convenors of Ward Child Rights Committee... Member
- Convenors and other members of Municipality level Child Network... Member
- Chief of Health Section... Member
- Chief of Education Section... Member
- Chief of Police Post located in the Municipality... Member
- Chief of Social Section of Municipality... Member
- Among NGOs working for children... Member
- Chief Administrative Officer of Municipality... Member
- Child Rights Officer... Member Secretary

The representative of development partner organization can be involved as invitee Member.

Functions, Duties and Rights of Child Rights Committee

As immunized by the Constitution of Nepal; Act Relating Children's Right, 2075; and Local Government Operation Act, 2074 relating to rights of children, the Local Child Rights Committee can include the following functions, duties and rights in its procedural guideline, and can add or delete according to the local need.

Data Collection and Updating

Collect the data of children residing within the Municipality who are in need of special care and protection, and update it on yearly basis.

Formulation and Implementation of Annual Plan

Coordinate and jointly work as required for formulation and implementation of community based annual plan by identifying the need of child sector in coordination with government and non-government agencies. While formulating the action plan develop such programmes like ensuring the children's rights of overall protection and participation, including activates targeting and benefitting to children at risk, awareness rising activates, capacity development and emergency support activates.

Coordination and Co-work

Coordination and co-work with government, non-government agencies and private sector, organizations working in the Municipality as required, for extending necessary support to children at risk and ensuring their right to protection.

Awareness-raising

Launch such types of awareness raising programmes that help to end violence, abuse, and exploitation against children and create safe and protective environment in the community, school and family for them. Such as: raising awareness through programmes like interaction, radio programme, public hearing, inter-dialogue on positive parenting, child marriage prevention, birth registration, school enrolment, complete vaccine, teaching without punishment, child participation child, child friendly behavior, child labor and etc.

Resource Mapping and Establishment of Referral Mechanism

Prepare roster, as required, by mapping out child and the family targeted services of the government, non-government and private sector. Establish and activate the municipality level referral mechanism in order to focus the said available services towards solving the problem of children at risk.

Advocacy for Formulation and Implementation of Policy and Programme relating to Child

Prepare and advocate for required policy and programme based on various issues for the protection and promotion of child rights, and recommend to the executive body.

Establishment of Child Fund

Establish and operate a Child Fund at the municipality level by coordinating and working jointly with different agencies for immediate rescue and providing support to children in emergency, and children at risk due to various reasons such as child marriage, sexual abuse, neglect, exploitation, negligence and others.

Monitoring and Review

Monitor and review the changes, impact and etc.in the situation of children through the activities implemented at the municipality level. Carry out monitoring and review periodically, quarterly, bi-annually, and annually, and provide advice and guidance to the Ward Child Rights Committee.

Publication of Status of Children and Child related Budget Analysis

Publish annually the Children's Status Report by updating the statistics of children living in municipality and the budget analysis, as well as its implementation status on the ground of budget allocated by the municipality.

Deployment of Social Worker

Recruit the Social Workers as required by the municipality for case management of the children at risk and determine the functions, duties and rights of the Social Workers as provided by the municipality.

Progress Review

Organize progress review programmes as required to review the activities performed in each ward of the municipality.

Rescue and Rehabilitation of Children

Pledge rescue, rehabilitation and assistance to children who are at risk or found or whose information is received in cooperation with police administration and Ward Child Rights Committee by paying attention to their best interest.

Formation, Functions, Duties and Rights of Ward Child Rights Committee

While forming the Ward Child Rights Committee attention should be paid as provided in the guideline of municipality based on the requirement of the ward, and while determining the functions, duties and rights of the Ward Child Rights Committee, it should be shaped in a way to support discharging the functions, duties and rights of Municipality Child Right Committee for the protection of child rights.

Recruitment of Child Welfare Officer, Functions, Duties and Rights

Background

The institutional arrangement of child protection and child welfare under Chapter 6 of the Act Relating to Children. Each local level can arrange one Child Welfare Officer according to Sub-section (1) of Section 61 of the Act which mentions that a child welfare authority shall be present at local level in order to respect, safeguard and promote child rights, as well as to carry out child protection work. The municipality can adopt procedural guideline and implement the provisions regarding the appointment, functions, duties and rights and the terms of service of the Child Welfare Officer as prescribed in Sub-section (2).

Functions, Duties and Rights of Child Welfare Officer

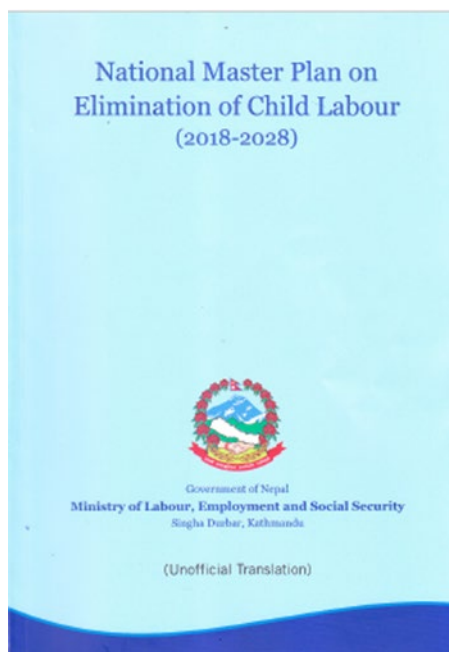
The municipality normally can make following provisions to establish functions, duties and rights of the Child Welfare Officers:

- (1) Alternative arrangement for children in need of special protection according to Section 48 of Act Relating to Children.
- (2) Case management for children in need of special protection according to Section 49 of Act Relating to Children.
- (3) Prepare annual plan, programme, budget, implementation and report of the Local committee according to the endorsed policy and plan of the legal government and submit them in the committee meeting.

- (4) Support to increase investment in the children sector by coordinating and working jointly as required with the government and non-government organizations and private sector working in the municipality and ward.
- (5) Provide needful assistance to Local Child Rights Committee and Ward Child Rights Committee for collecting information and record management of the children who are at risk.
- (6) Organize or cause to organize awareness programmes that help to end violence, abuse, neglect and exploitation against children in the safe and protective environment in community, school and family in the municipality and wards.
- (7) Prepare necessary action points by mapping the services of government, non-government and private sector targeted towards children and family in the municipality and wards. Establish referral mechanism and make it active to focus the available services for solving the problems of children at risk.
- (8) Act and cause to act for the needful operation and management of child fund established at the municipality and ward levels.
- (9) Monitor and review the changes, impact and etc.in the situation of children through the activities implemented at the municipality level. Carry out monitoring and review periodically, quarterly, bi-annually, and annually, and submit the report to the Local Child Rights Committee.
- (10) Publish annually the Children's Status Report by updating the statistics of children living in municipality and the budget analysis, as well as its implementation status on the ground of budget allocated by the municipality with the permission of municipality. Submit the published report to the Province Child Rights Committee and National Child Rights Council.
- (11) Mobilize the social worker, social service provider and psychologist appointed and deployed at the local level.
- (12) Monitor, supervise, provide guidance and feedback or recommend to concerned authority to close the institutional care centres opened at the local level such as Child Home, Child Correction Home, Rehabilitation Home, Temporary Protection Shelter (Transit Home), Vigilance Room.
- (13) Formation, mobilization and affiliation of child club and child club network: formation, capacity development, mobilization and affiliation of child clubs.
- (14) Accomplish the functions and guidance provided by the municipality and municipality level Child Right Committee.
- (15) Find out about the three generations, as far as possible, of the child who has been found unaccompanied/unattended or brought to handover and protect the child as stipulated in the Act Relating to Children, 2075 for necessary protection.
- (16) Supervise the children who have been sent through diversion process under the supervision and guidance of Child Welfare Officer according to Section 29 (1) (f) of the Act Relating to Child.

National Master Plan to Eliminate Child Labor (2075-2085)

National Master Plan to Eliminate Child Labor (2018-2028)



Introduction:

The master plan is for 10 years. Its period is from 2075-2085. This is a master plan made by the Government of Nepal. According to this plan, all stakeholders play a supportive role to the government in eliminating child labor from their respective areas.

Situation of Child Labor:

According to the prevailing law of Nepal, a child should be considered as a person who has not reached the age of 18 years. To implement the National Master Plan from 2018 to 2028- According to the ILO's 2017 GECL report, there are 152 million child laborers in the world, of which 73 million are directly involved in hazardous work. The number of child laborers in Asia and the Pacific is 62 million. According to the Multi-sectorial Cluster Survey 2014 published by the Central Bureau of Statistics in Nepal, 34.4 percent of children in the age group of 5 to 17 years are in child labor.

Objective of the Master Plan:

To make the Nepal free of child labor by fully eliminating all forms of child labor from the country.

Aim of the Master Plan:

Eliminate worst and exploitative forms of child labor by 2021 by adopting, amending, or reforming the policies, strategies & laws that are essential for it. Eliminate all forms of child labor by 2024, enhancing the institutional capacity of stakeholders in the public and social mechanism and structures. Likewise, it aims to from, mobilize and empower network and coordination structures of stakeholders and target groups by providing support on social reintegration and financial alternatives to the target group. It also intends to implement the targeted partnership programme for elimination of child labor elimination as a campaign.

Stakeholders of the Master Plan.

- Government,
- Private Sector, Civil Society, Non-Governmental Sector,
- Employers, Trade Unions and

- Family, Community and Social Organizations

Target Group of Master Plan:

The target group includes child laborers themselves, their families, government agencies and civil society.

- Child labor
- Children at risk of child labor, and
- Their Family (ILO 138, 182 and Act 2056 clause 3)

17 Priority Areas of Child Labor

The demand for child labor is still increasing in urban areas due to population pressure, so a master plan has been formulated to reduce child labor immediately by giving priority to 17 areas.

- (1) Domestic child labor,
- (2) Child porter,
- (3) Agriculture child labor,
- (4) Child labor involved in fruit peddling, trafficking, and smuggling,
- (5) Sewing child labor,
- (6) Child labor in brick kilns,
- (7) Child labor in mines,
- (8) Child labor in entertainment sectors (including sexual exploitation),
- (9) Child labor in transportation sector,
- (10) Child labor involved in hand embroidery,
- (11) Child labor outbound to neighbouring countries,
- (12) Child labor in mechanical or chemical sector,
- (13) Child labor involved in begging,
- (14) Child labor involved in street vending,
- (15) Child labor collecting herbs,
- (16) Child labor in physical infrastructure sector, and
- (17) Child labor in Hotel Restaurant sector.

Five Major Strategies of the Master Plan:

This Master Plan adopts five major strategies to achieve the mission of eliminating all kinds of child labor by 2024 and has identified the expected outcome and the activities to be carried out to achieve it.

- (1) To reform policies, laws and institutional measures related to child labor elimination and implement them effectively.
- (2) To enhance the capacity of stakeholders on child labor elimination.
- (3) To carry out regular search, monitoring, rescue, and rehabilitation of the children who are in child labor.
- (4) To provide necessary support through directly targeted programmes to the children vulnerable to child labor and their families.

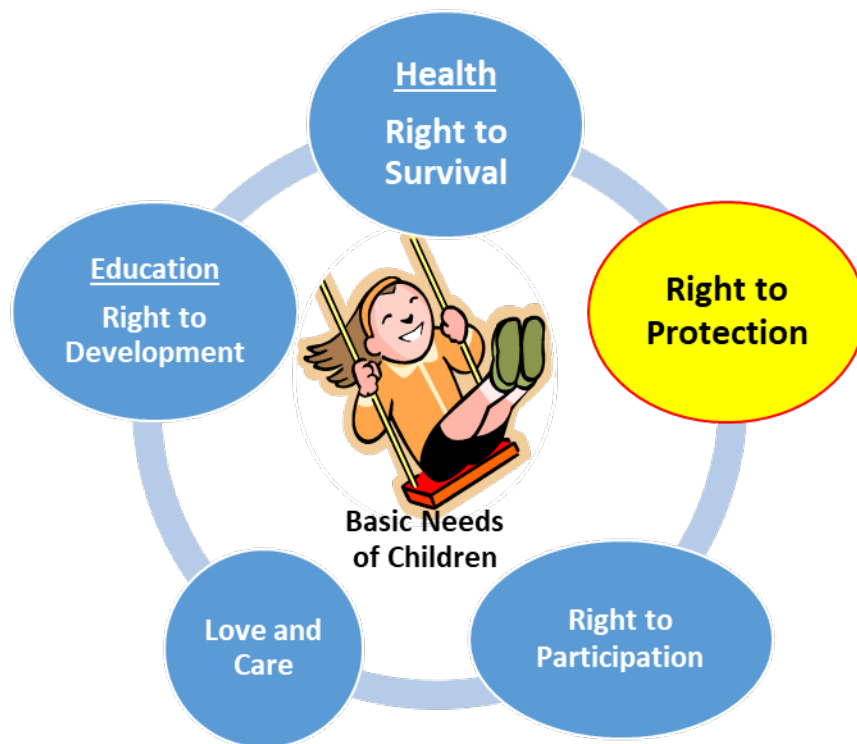
- (5) To establish and run partnership, coordination, and networking among the stakeholders. The roles and responsibilities of responsible bodies such as government bodies, civil society, NGOs, communications sector, business and private sector and trade unions are defined. The main role and responsibility of the government is to lead the implementation, formulate the action plan, manage the resources, and release the legal provisions. The role and responsibilities of the civil society and NGO sector are to cooperate with the government, to play a supportive role, to facilitate, to form a common opinion, to provide opinions and suggestions, and to support legal reform.

Expected outcomes of the Master Plan:

Following the implementation of the master plan, it is expected that all kinds of child labor shall be eliminated from the Nepali society. This is expected to deliver the following outcomes:

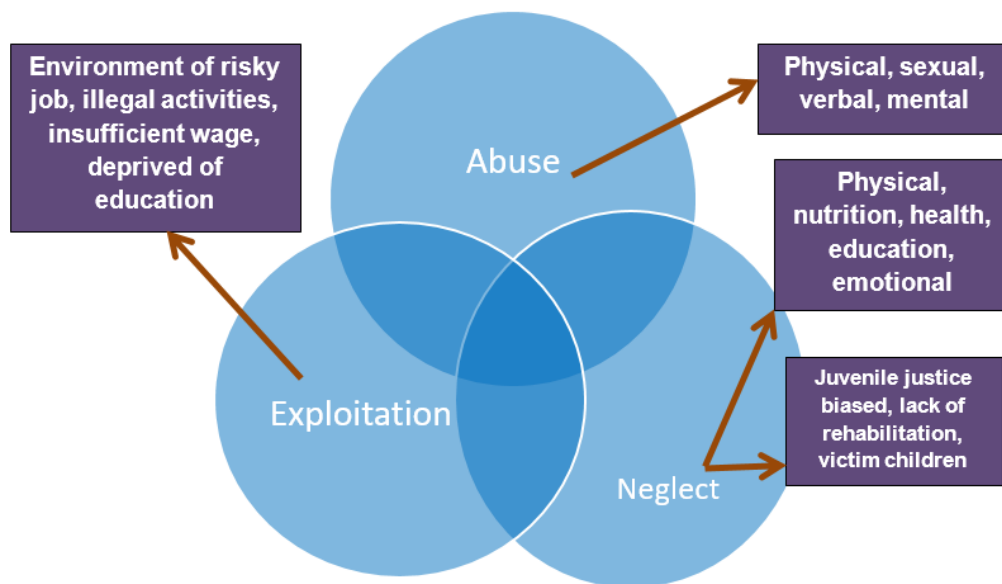
- (1) For building a child labor free society as envisaged by the Constitution of Nepal, favourable changes will be experienced in the social practices related to child labor and the trend of sending children to child labor shall be stopped.
- (2) Children in child labor shall be socially and economically integrated into the society. As a result, they will be free from child labor.
- (3) The national and international commitments related to child labor shall be fulfilled and Nepal's pride enhanced at the international level.
- (4) Ultimately, Nepal will become a child labor free country.

Basic Needs of Children Diagram

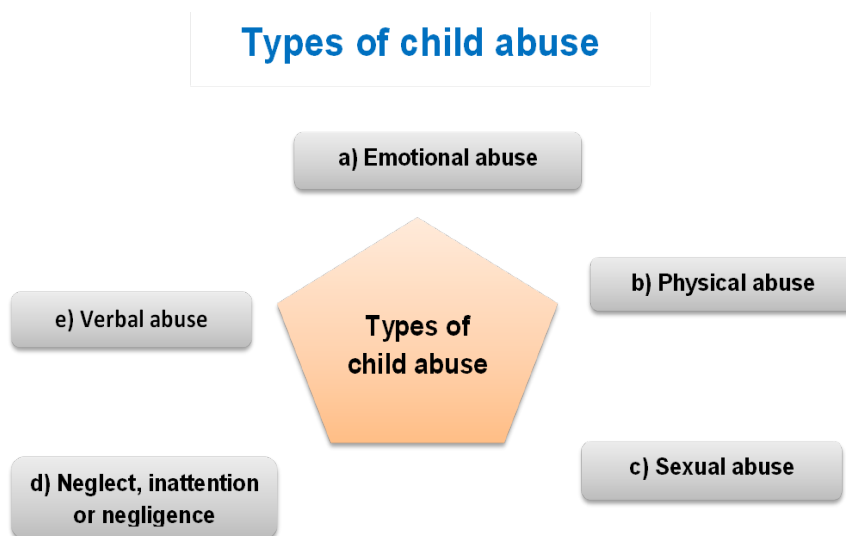


Child Abuse

- In simple term child abuse is misbehavior.
- Child abuse is the emotional abuse, physical abuse, sexual abuse, inattention, disregard or neglect and verbal abuse that disrupts the physical, mental, emotional or psychological development of the children.
 - Forceful labor
 - Sexual exploitation and labor exploitation
 - Scolding
 - Hitting and thrashing
 - Act of torture, cruel behavior, confinement, handcuffing etc.



Forms of Child Abuse



Child Sexual Abuse (CSA)

- Any act by adult or older children against children with sexual intention is called sexual abuse.
- It includes both types of abuses by touching physically or not.
 - Abuse involving touch: rape, attempt to exploit sexually by using vulgar words, fondling of sexual organs of children and unwelcome patting, unwelcome kissing with children, staring/looking at children's private parts, force children to look at or touch the abuser's private parts, oral-sex with children, and involve children in commercial sex
 - Abuse not involving touching: showing sexually explicit gestures, showing nude pictures and materials to children, obscene phone calls, intentionally insisting children to see or hear sexual intercourse, and produce or cast child pornography

- Sexual abuse is the touching of sexual or sensitive organs/body parts (sexual abuse also denotes to touches not wanted by the children), sexual intercourse or attempt to establish sexual intercourse, rape, pornography and the broadcasting/display/dissemination of pornography.

Child Sexual Exploitation (CSE)

Exploitation

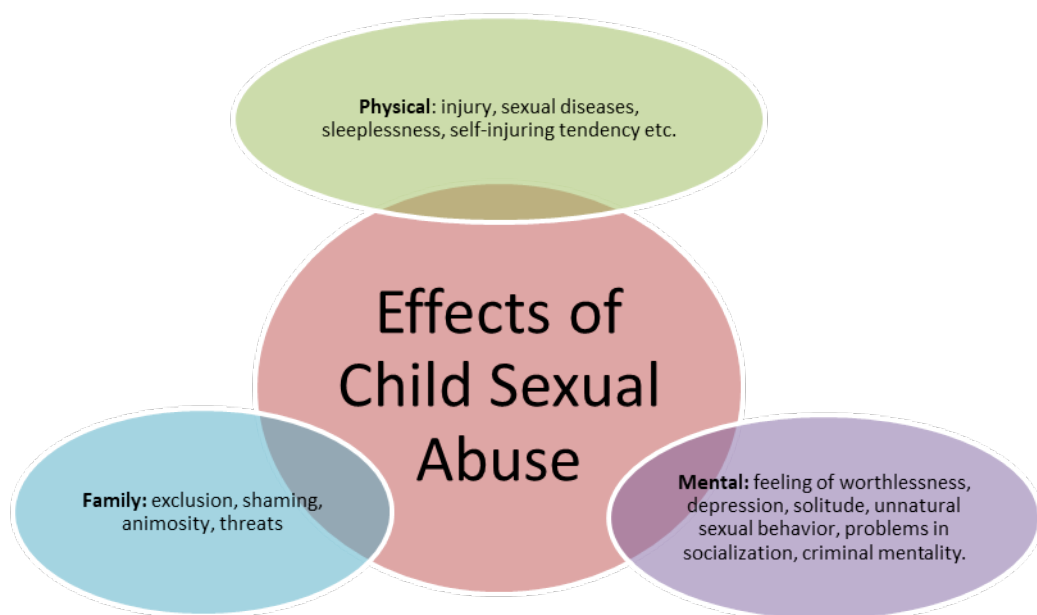
Child exploitation is a term meaning inappropriate use of children by an adult for his/her personal interest, benefit or profit, or taking undue advantage of certain condition.

Sexual Exploitation

For economic benefit or profit or other purposes

- Indulge in prostitution
 - Engage children in sexual activities
 - Trafficking or taking hostage for sexual exploitation
- Using children for pornography

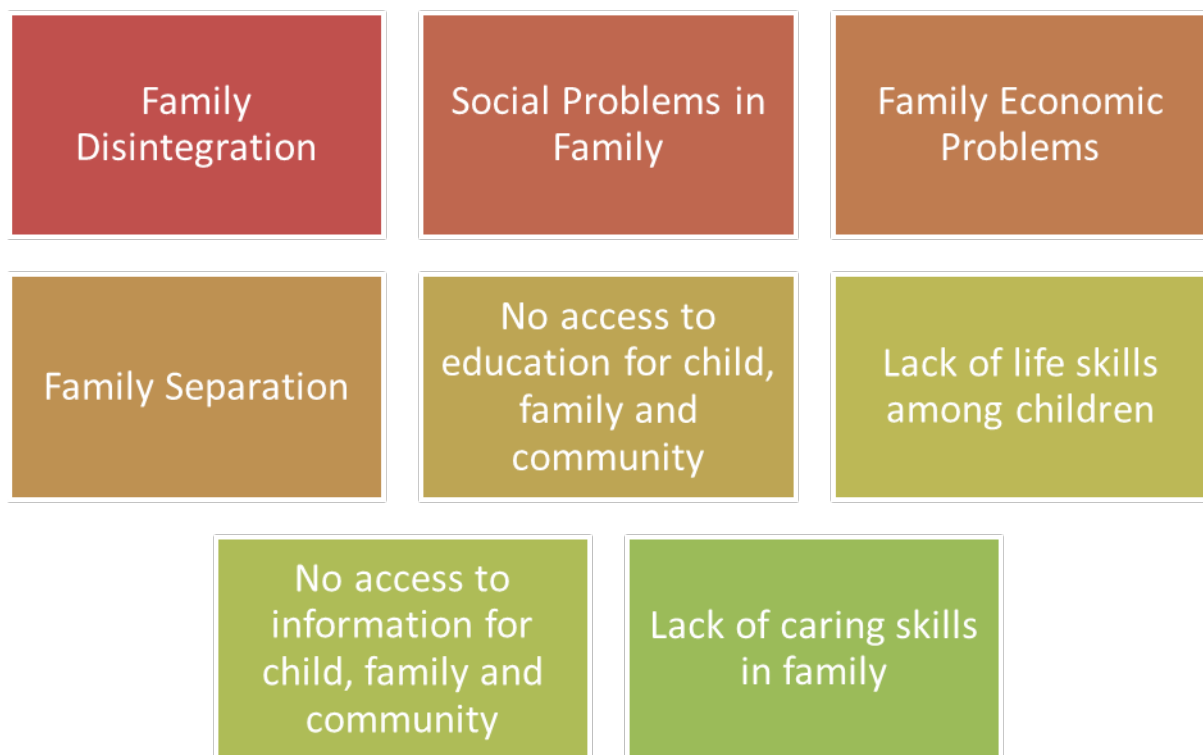
Effects of Child Sexual Abuse



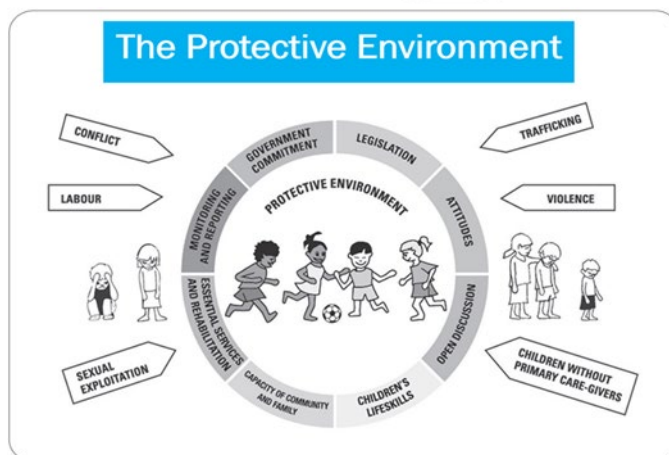
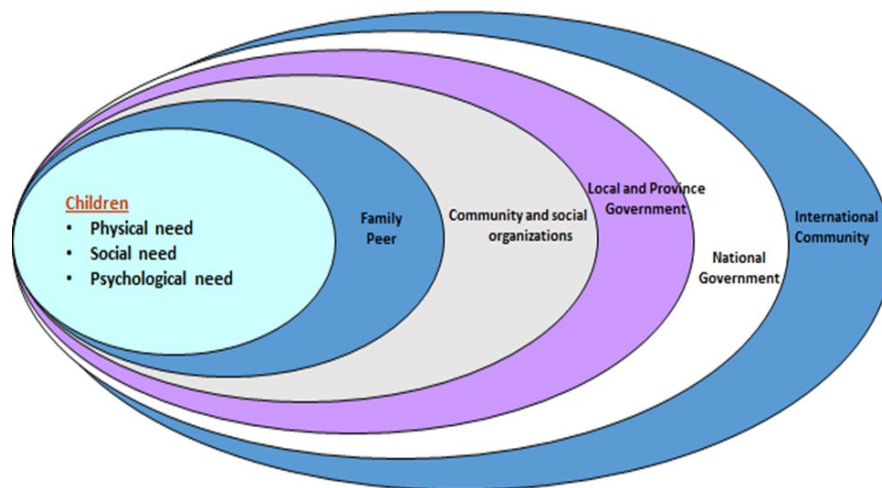
Where do Child Abuse, Exploitation, Neglect and Violation happen?

- Inside the home
- Schools
- Child Care settings
- Workplace
- Institutions or places with children
- Community

Causal Factors of Children Falling into Problems



Protective Environment for Children



Child Safeguarding/Protection Umbrella



Child Protection

- To protect children from actions or behaviors that negatively or severely affect their physical, mental, emotional, social, moral and cognitive development as well as from actual or possible physical torture and mental harm.
- This includes:
 1. Preventing children from falling into risks by ensuring their rights (Prevention)

2. Immediately supporting children with vulnerabilities (Early Intervention)
3. Case management and rehabilitation of children who have been abused or in harm

अन्तमा, बालसंरक्षण र बालसंरक्षण कार्य



१. सबै बालबालिकाको अधिकारको प्रत्याभुति गरी जोखिममा पर्ने नदिनु (**Prevention**)



२. जोखिमको खतरामा रहेकालाई शीघ्र सहयोग गर्नु वा सम्बोधन गर्नु (**Early Intervention**)



३. हानी वा दुर्व्यवहारमा परेका बालबालिकाको घटना व्यवस्थापन र पुनर्स्थापना (**Case management and Rehabilitation**) हो ।

Child Protection– Everyone has a role & Responsibility !

PREVENTION

What: Knowledge, skills and attitudes about child protection. Universal basic services. Information dissemination, behaviour change promotion, children's life skills, parenting skills. Universal schooling, birth registration, universal health
Who: CBO's. NGO's. Education system. Media.

EARLY INTERVENTION

Children & families at risk

What: Family support services
(i) detection, case management, family support & counseling
(ii) economic support: cash transfer, IGA, credit, vocational /training, food support, etc.
(iii) access to universal services
Who: Social welfare services
If lower risk, also CBO, NGO, VDC/VCPC

REHABILITATION

Children in harmful situations

What: Child protective services
(i) alternative care & reunification
(ii) specialised social services: rescue, recovery, rehabilitation/ reintegration; counseling, medical care, legal aid/counseling, shelters, hotlines, drop-in, transit centres.
(iii) Child sensitive justice services
Who: Social welfare services, NGOs Health. Justice & security system.

Child Protection in Emergency (CPiE)

Disasters are when the regular life of the human community is affected by natural and human-made events. For example, floods, landslides, fires, earthquakes, road and road accidents, conflicts and wars affect all human beings, including children. In the event of a disaster, children may be at risk of any kind because the necessary structures of child protection are weakened or destroyed during the disaster. In such cases the existing child protection structures and their functions are affected. Children are at risk for a variety of risks and harms during a disaster such as child abuse, child labor, trafficking, family separation, sexual violence, child marriage, physical violence, and psychosocial problems.

Therefore, the concerned bodies and stakeholders should play an important role, responsibility and accountability for child protection in times of calamity/disaster. However, child protection is a transversal issue in itself which should ensure child protection in all areas. Every concerned body and stakeholder should formulate and implement various policies to guarantee child protection and prepare human resources to work in disaster. Therefore, the Global Child Protection Network has set minimum standards for child protection to ensure child protection in emergencies, called CPMS 2019 (Minimum Standards for Child Protection in Humanitarian Action, 2019).

According to CPMS 2019, 28 criteria have been identified to ensure child protection in disasters which are as follows:

Standard 1: Coordination

Standard 2: Human Resource

Standard 3: Communication & Advocacy

Standard 4: Programme Cycle Management

Standard 5: Information Management

Standard 6: Child Protection Monitoring

Standard 7: Dangers & Injuries

Standard 8: Physical and Emotional Abuse

Standard 9: Sexual and Gender-Based Violence

Standard 10: Mental Health & Psychosocial Distress

Standard 11: Children Associated with Armed Forces & Armed Groups

Standard 12: Child Labor

Standard 13: Unaccompanied & Separated Children

Standard 14: Applying Socio-Ecological Approach to Child Protection Programming

Standard 15: Group Activities for Child Well-being

Standard 16: Strengthening Family & Caregiving Environments

Standard 17: Community Level Approaches

Standard 18: Case Management

Standard 19: Alternative Care

Standard 20: Justice for Children

Standard 21: Food Security & Child Protection

Standard 22: Livelihood & Child Protection

Standard 23: Education & Child Protection

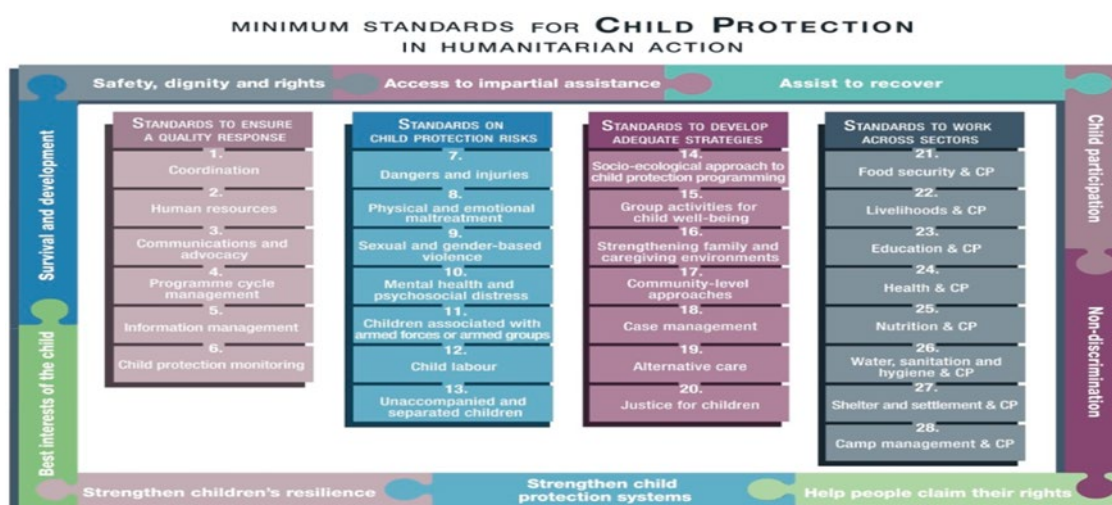
Standard 24: Health & Child Protection

Standard 25: Nutrition & Child Protection

Standard 26: Water, Sanitation & Hygiene and Child Protection

Standard 27: Shelter, Settlement & Child Protection

Standard 28: Camp Management & Child Protection



Similarly, primary service providers, including child protection workers, case management workers and related stakeholders, must be committed and committed to protecting children, whether in times of disaster or in general.

Child Labor & Child Work

Definition Related to Child Labor

- Children: Under 18 years of age.
- Child or child labor involved in employment.
- Work that does not harm the health and personal development of children and does not interfere with education / reading.
 - Helping parents with household chores.
 - Spend a few hours helping with the family business.
 - A few hours of light work to raise some expenses without compromising health and personal development and not interfering with reading during school hours or during school holidays.

What is Labor?

Labor is a special work done by a person to earn a living or to earn something. Labor is used for economic purposes and to produce services. There are values of labor. It is an important tool of production. The type of labor is both physical and mental.

Child Labor

Child labor is the use of any child in a way that negatively affects their health, physical, mental, intellectual, moral, and social development and deprives them of their right to education. Any work that interferes with the health, education, physical, mental, character, moral and social development of a child is called child labor.

- To determine whether a particular type of work is child labor depends on the following:
 - Children's age.
 - Type of work and time to work.
 - Working environment.
- No one should employ children under the age of fourteen as laborers.
- No child under the age of 18 should be employed in the hazardous work mentioned in the annex.
- The approval of the Labor and Employment Office should be obtained for employing 15–17-year-old children in jobs other than hazardous work.
- Working hours: 6 days, 6 hours a day, only from 6 am to 6 pm, no more than 36 hours a week.
- Child labor represents the work done to deprive children of opportunities for physical growth, education, etc.
- If children work outside the home, then those jobs are child labor.
- Child labor is a violation of the basic rights of children to education, health, parental love, access to play, upbringing and care.

Child Work

Child labor is determined based on the child's age, working hours, condition, etc. If the child is not constantly employed and conducting light family housework with their consent, then it is not considered child labor.

- Child work represents the work that is done to develop the life skills needed for a child's future.
- Engaging children within the family is not necessarily harmful, because there is a family atmosphere.
- The basic rights of a child, such as education, health, parental love, access to play, upbringing and care, are enshrined in child work.

Mental, Physical, Social and Morally Hazardous and Harmful Work for Children:

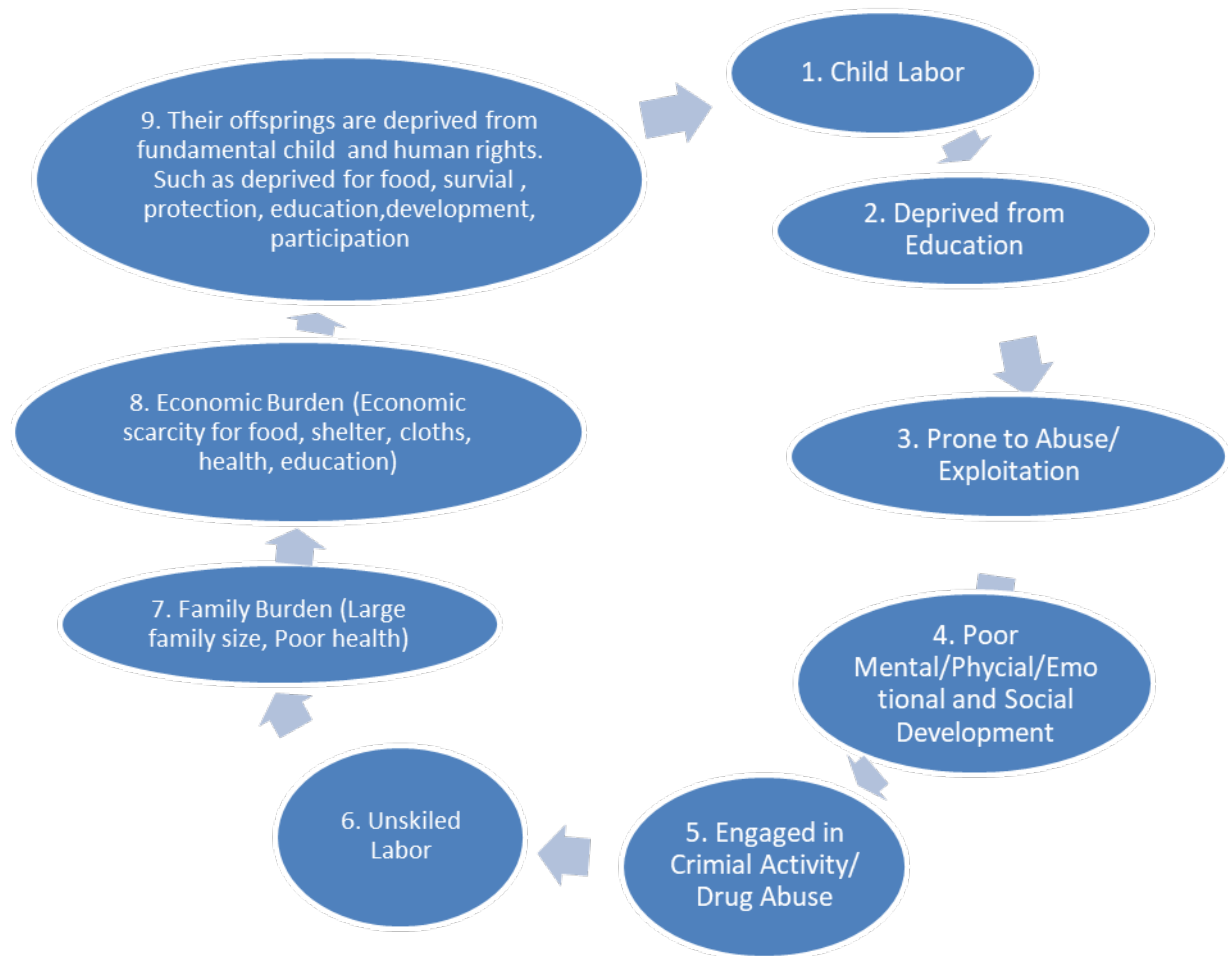
- Risky/Worst form of child labor.
 - Wounds, injuries.
 - May get sick due to work.
 - Things to do in case of an accident or death.
- Worst form and exploitative child labor.
- Slavery and alike slavery such as forced labor, child trafficking, bonded child labor.
- Children used in the sex trade and the production of pornographic material.
- Children involved in illicit/illegal/unlawful activities such as drug production, trafficking.

Child Labor Exploitation	Hazardous Work
Child labor exploitation means hard work at an early age, lots of work, little money, no leisure, no rest, day and night always work, hazardous/worst form of labor, education-deprived environment, slave life, neglected childhood, work that could lead to confinement/bonded labor and sexual abuse, bad environment and work that can happen on the road, damage to physical, social and psychological development.	<p>The Child Labor (Prohibition and Regulation) Act has categorized more than 80 types of work into 10 groups and listed them as hazardous work for children. Some of which are as follows:</p> <ul style="list-style-type: none">• Things to do at night/work to be done at night.• Work to be done for a long time.• The work of carrying heavy / heavy goods.• Industry, factory work.• Underground work including mining.• Work in contact with chemicals.• Work to be done in transportation and construction businesses.• Sex trade/work and sexual exploitation.• Slaughter work.• War and fighting, the work of engaging in conflict

Causes of Child Labor :

- | | |
|---|---|
| <ol style="list-style-type: none">1. Poverty / Unemployment.2. Illiteracy, lack of awareness.3. No special training required and can be learned from general learning.4. Cheap labor.5. Easy-to-apply labor / non-rebellious condition.6. Growing population7. Armed conflict / social insecurity / displacement. | <ol style="list-style-type: none">8. Unequal social development.9. Lack of universal education.10. Domestic violence.11. Family breakup / separation.12. The attraction of urban charm/allure.13. Social discrimination, gender discrimination.14. Human trafficking15. Lack of effective implementation of the law. |
|---|---|

Vicious Cycle of Child Labor



Legal Provisions and Policies on Child Labor

Constitution of Nepal, 2015 (2072)

- According to Constitution of Nepal, 2015 (2072), No child shall be employed in factories, mines, or in any other hazardous works.
 - No child shall be employed in factories, mines, or in any other hazardous works (4).
 - No child shall be subjected to child marriage, illegal trafficking, kidnapping, or being held hostage (5).
 - No child shall be subjected to recruitment or any kind of use in the army, police or armed groups, neglected, or used immorally, or abused physically, mentally, or sexually, or exploited through any other means, in the name of religious or cultural practices (6).
 - No child shall be subjected to physical, mental, or any other forms of torture at home, in school, or in any other places or situations (7).

- Any act contrary to Clause (4), (5), (6) and (7) shall be punishable by law, and children who have suffered from such an act shall have the right to be compensated by the perpetrator as provided for in law (10).

National Policy on Children, 2069 :

- The National Policy on Children, 2069, emphasizes the need to discourage the use of children as laborers and to strengthen the monitoring system to prevent child labor.

Child Labor (Prohibition and Regulation) Act, 2056.

- Children under the age of 14 should not be employed as laborers.
- Children should not be employed at night (from 6 pm to 6 am). They should not work more than 6 hours a day and 36 hours a week. After working for 3 consecutive hours, s/he should rest for half an hour and take leave one day a week. The rest of the time and the day off will not be deducted. If you work without following it, there will be a fine of up to Rs.5000 / - or imprisonment for up to 2 months.
- No child shall be subjected to arbitrary interference with his/her privacy, family, home or correspondence, nor to attacks upon his/her honor and reputation. Imprisonment for up to 1 year or Rs. A fine of up to Rs. 50,000 / - or imprisonment for up to 2 months or both.
- No child under the age of 16 should be employed in risky occupations or jobs. Anyone engaging a child in such hazardous work is liable to imprisonment for up to 1 year or a fine of up to Rs. 50,000 / - or both. Details of worst form and hazardous work or activities are given in the annex.

National Master Plan to Eliminate Child Labor (2018-2028)

Objective

To make the Nepal free of child labor by fully eliminating all forms of child labor from the country.

Aim of the Master Plan:

- Eliminate worst and exploitative forms of child labor by 2021
- Eliminate all forms of child labor by 2024.

Local Government Operation Act, 2074 (2017)

- Under the authority of the village municipality and the municipality, paragraph 3 mentions to end the harmful social practice/norms such as Kamalari practice, child labor and human trafficking.
- Local level: To monitor the child labor in formal and informal sectors, to conduct child labor prevention programs and to raise awareness at the local level.

Function, Duty and Rights of Ward Office

- Initiating program in the ward for the social and comic upliftment of economically and socially backward women, children, Dalits, persons with disability, senior citizens, minorities, marginalized community by keeping their records (12.C.30)
- Protection (12.C. 2)
- Making ward child friendly (12.C.29)
- End or cause to end the harmful social practices and superstitions like child marriage, violence against women, untouchability, dowry system, Haliya customs, Chhaupadi, Kamalari customs, child labor, human trafficking, and illiteracy. (12.C.32)
- Collect data of street children for rescue and rehabilitation (12.C.36)

Sustainable Development Goal, 2016-2030

Target 8.7 - Take immediate and effective measures to eradicate forced labor, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labor, including recruitment and use of child soldiers, and by 2025 end child labor in all its forms.



Child Labor Free Local Level Declaration Procedure, 2077

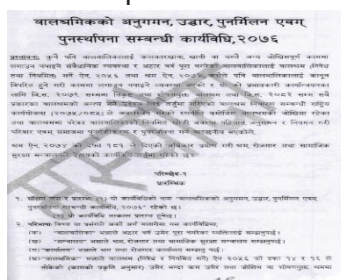
Objective: To facilitate and amalgamate/unify the local level in declaring child labor free and to help make child labor free.

Criteria for declaring child labor free local level:

1. Up-to-date data and archiving.
2. Child Labor Elimination Policy.
3. Conducting programs for elimination of child labor.
4. Resources needed to eliminate child labor.
5. Institutional arrangements.
6. Child Labor Monitoring and Responding Mechanism.
7. Situation analysis of education.
8. Cooperation, collaboration, and coordination.

Procedures for Monitoring, Rescue, Reunification and Rehabilitation of Child Labor, 2076 (Draft)

- Definition.
- Objectives and target groups.
- Provisions relating to the rescue of child labor.
- Provisions for rehabilitation and reunification.
- Institution/service provider selection.
- Provisions of resources.
- Operation of the fund.



What harm does child labor do to child development?

The following are some of the main aspects of child labor detrimental to child development:

- **Physical Development:** Damage to general health, coordination, physical strength, ability to see and hear.
- **Cognitive Development:** Obstacles to acquiring knowledge related to literacy, numeracy, knowledge, general language.
- **Emotional Development:** Adequate self-esteem, family attachment, relationships, feelings of affection and acceptance are negatively affected.
- **Social and Moral Development:** Loss of sense of collective identity, ability to help others, ability to distinguish between right and wrong.

Resolutions to challenges:

- Expansion of the program with additional means and resources covering the extended area of the city/municipality.
- Development of a mechanism to prevent child labor from migrating from neighboring municipalities and districts.
- Legal implementation against child labor.
- Working by building a network of stakeholders.
- Effective coordination of stakeholders.
- Arranging short-term shelters.
- Develop and implement strategies for child labor elimination and child protection.
- Stakeholders' behaviors change and communication programs against child labor should be conducted extensively.
- Special emphasis on child protection system development.
- Conduct special programs for street children.
- Update the data and information of children including child laborers of the municipality.
- Stakeholder knowledge development against child labor, positive perception/insight development and capacity building.
- Conduct child labor free tole, ward, declaration campaign expeditiously.
- Conduct Income Generation Support Program.
- Conduct educational support programs.
- Legal implementation against child labor.

Role & Responsibility of Rural/Municipality for elimination of child labor:

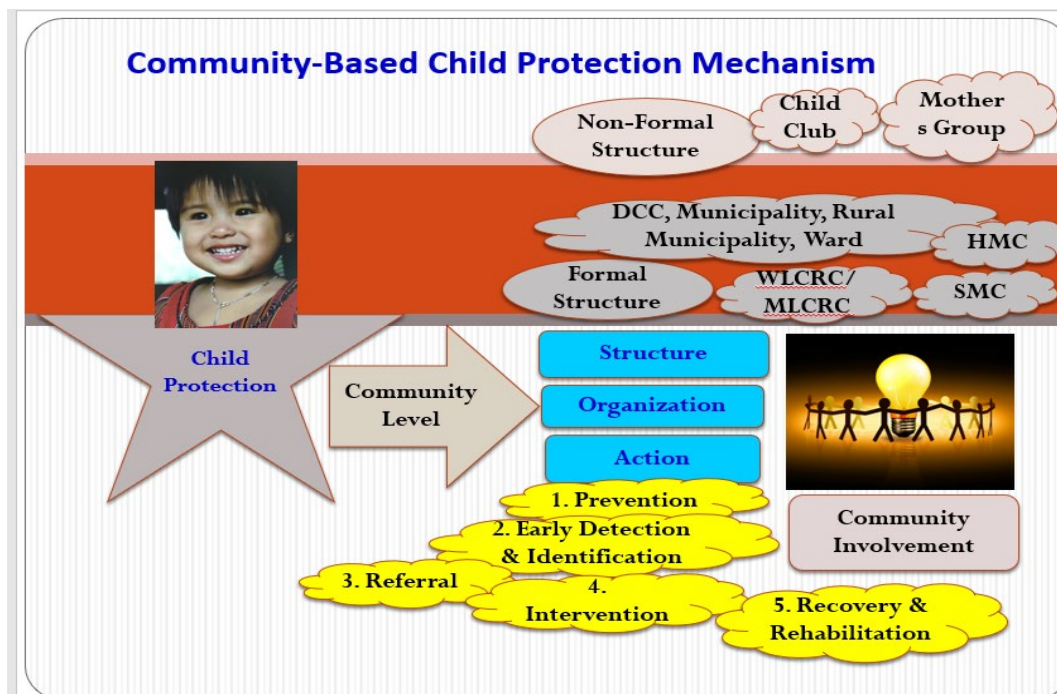
- Keep records and statistics of children and child laborers.
- Prepare a list of work and activities related to child labor and make an action plan.
- Protecting child laborers from risky work by reunification and reintegration.
- Supporting child labor and their families in various activities and its related awareness such as education, health, safety, social counseling, and livelihood
- Conducting awareness raising activities to prevent sexual violence and child marriage while trying to prevent child labor.
- Conducting livelihood upliftment activities for poverty alleviation.
- To formulate, implement and monitor policy and conduct interaction programs at the local level.

Community-Based Child Protection Mechanism and Referral Mechanism

A network with a goal to act against violence and abuse against children in a coordinated way, in which individuals from the community based mechanisms of formal and informal nature represent as members.

What is the Community-Based Child Protection Mechanism?

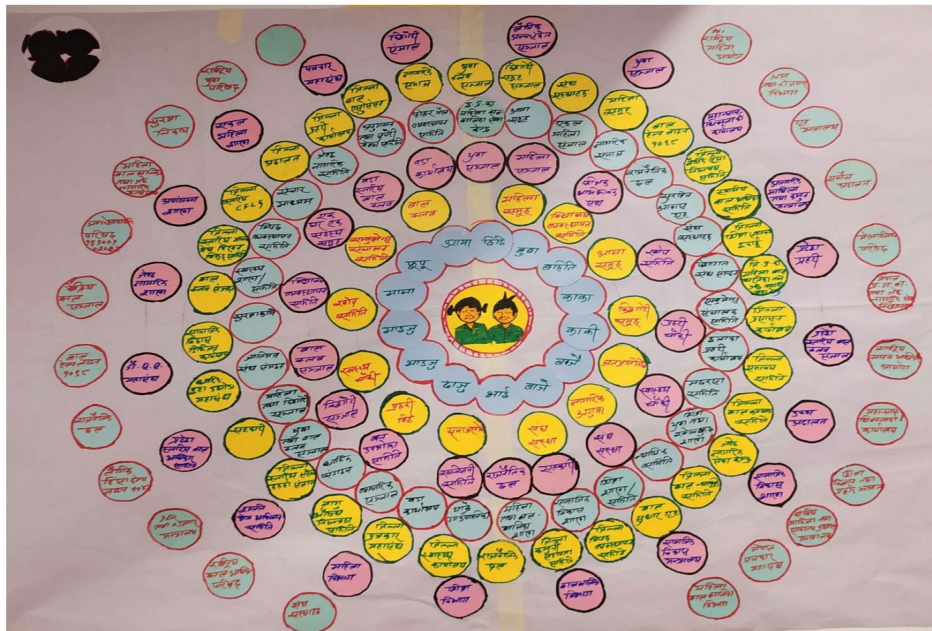
- A network formed in a particular location with a goal to act against violence and abuse against children in a coordinated way, in which individuals from the community are the members,
- Spontaneously formed from the very beginning or established in the initiation and support of an organization or agency,
- Formal or informal in nature based on its structure and working style,
- The CPBM functions in affiliation with the country's child protection systems in a way to support and complement it.



ओखलढुंगा: बाल संरक्षण सहयोग संयन्त्र Child Protection Support Mechanism, Okhaldhunga



थाक्रे गाउँपालिका, धादिङ: बाल संरक्षण सहयोग संयन्त्र Thakre RM: Child Protection Support System/Mechanism



सुर्यविनायक नगरपालिका, भक्तपुर : बाल संरक्षण सहयोग संयन्त्र
Suryavinayak Municipality, Bhaktapur: Child Protection Support System/Mechanism



Important Focal Points and their contact numbers to promote child protection

- Mayor: Cell No:
- Deputy Mayor: Cell No.:
- Focal Person, Social Development Section: Cell No.:
- Focal Person, Women & Children Section: Cell No.:
- LCRC Focal Person: Cell No.:
- WCRC Focal Person: Cell No.:
- Ward Chair Person: Cell No.:
- Safeguarding Focal Person: Cell No.:
- Police Hot line: 100, 104
- Gender-Based Violence Hotline: 1145
- Child Helpline: 1098
- Ambulance:

- Therefore, there is need of a robust and reliable referral mechanism/system and referral pathway to provide various services required after a detailed assessment has been done.
- Thus, the organization, by adopting necessary procedures, can refer to other formal and informal mechanism, organization or cooperating agencies working in the same field if it is not possible to provide all the services, support and address all the needs on its own.

Services to Fulfill Children's Needs

- Health
- Psycho-social counseling
- Clinical counseling
- Education
- Economic support
- Shelter
- Legal
- Justice for children
- Family Reunification
- Rescue



Service Mapping

The basis of referral system is the mapping and maintenance of detailed descriptions of various services available in the district/municipality/rural municipality.

Service Mapping Form

Child related Programme and Services and Establishment of Referral System in Municipality: Service Mapping Form

Name of the District/Address:-

Name of Municipality/Rural Municipality/Address:-

Childrelated Programmes and Services

S.N.	Child related Programme	Nature/Scope of Service	Service Providing Agency	Name of Focal Person	Address	Telephone/ Fax	Email

Child Protection Service Mapping

Service mapping exercise especially identifies three major fields of the Child Protection System.

- Identification of existing law and policy relating to child protection and welfare.
- Analysis of major risk.
- Persons and agencies responsible for child protection issues at the local level.

It is necessary to mention the following things as given below.

1. Identification of child protection related resources and situation

- Identification of child protection related major risks and issues that children are facing, especially culturally practised social behavior and harmful traditions at the local level which are harmful to children.

S.N.	Harmful practices and traditions that children are facing
1	
2	
3	
4	
5	

S.N.	Types of Child Abuse	Children related Major Risks	Referral Mechanism
1			
2			
3			
4			

Local attitude, trend and practices towards child abuse (for example relating to negative behavior towards victims, perpetrator, informant, witness)

S.N.	Description	Local Attitude, Trend and Behavior towards Child Abuse
1	Negative behavior towards victims	
2	Behavior towards perpetrator	
3	Behavior towards informant	
4	Behavior towards witness	

2. Government agencies working for child protection

- Detail description of responsible/authorized government agencies and organizations name and address of authorized persons working in the field of child protection

S.N.	Name of Authorized Person	Name of Responsible/Authorized Government Agency and Organizations	Contact Telephone/Fax, Email	Address

- Assessment of the effectiveness of resources received for child protection

S.N.	Resources Received for Child Protection	Effectiveness

- Assessment on the effective implementation of child related existing policy and law

S.N.	Existing Policy and Law relating to Child Welfare and Child Protection	Effective Implementation	Remrks

3. Investigation and Prosecution of Crime (Police and Judiciary)

- Role of police and government attorney in the investigation and prosecution of criminal activities against children

S.N.	Role of police in the investigation and adjudication of criminal activities against children	Role of government attorney in the investigation and adjudication of criminal activities against children

- Name and address of authorized persons working for investigation and prosecution

S.N.	Name of the Authorized Person working for Investigation and Prosecution	Address	Contact Telephone/Fax	Contact Email

4. Other agencies, health service provider, non-government organizations, inter-agency network etc.

- Health service provider agency accessible to victim

S.N.	Health Service Provider Agency Accessible to Victim	Address	Contact Telephone/Fax

- Details of various non-government organizations, inter-agency network, professional network who are working in the child protection sector and the name and address of authorized person working in them

S.N.	Name of Authorized Person	Name of various non-government organizations, inter-agency network, professional network who are working in the child protection sector	Address	Contact Telephone/ Fax	Contact Email

5. Community

- Community based justice and child protection systems and its functioning systems

S.N	Community based Justice and Child Protection Systems	Functioning Systems

Staff who prepared service mapping

Signature:-

Name/Surname:-.....

District/Municipality/Rural MunicipalityAddress:-

Date Service Mapping prepared/updated:-

Child Protection Referral Mechanism & Pathway

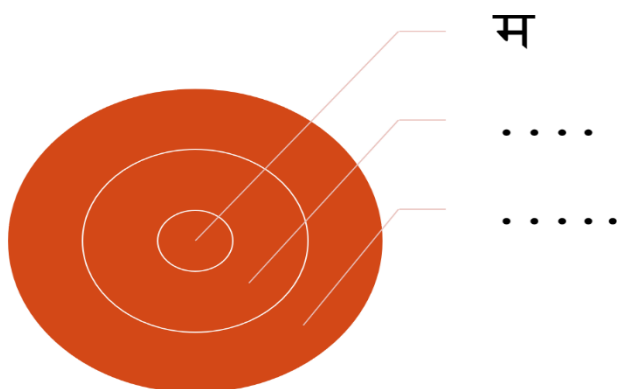
What is the Referral/Reporting Mechanism?

A system or procedure for people, including children **to report their concerns** regarding a child's welfare and wellbeing to the appropriate child protection agency and/or helping organization (depending on the focus).

Child Protection Referral Pathway

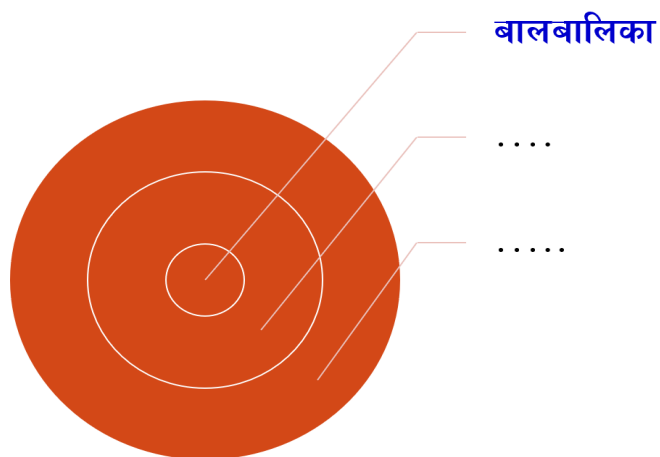
Support System/Mechanism

सहयोग संयन्त्र



Support System/Mechanism for Children in your District/Municipality/Ward/Tole

बालबालिकाको लागि सहयोग संयन्त्र



Referral Pathway of Godavari Municipality



Referral Pathway of LMC-Lalitpur Metropolitan City



Module 4: Overview of Case Management Process

Overview of Case Management Process

- Pre-Requisite of Case Management Process
- Essential Elements for Adopting Case Management Process at the Local Level
- Service Mapping & Referral Mechanism
- Selection of the Primary Service Provider and Agreement
- Community Based Child Protection Mechanism and Network
- Referral Pathway and Responding Procedure
- Case Management
- Forms and Formats
- Triage, Risk Assessment, Layers of Risk, Prioritization of Cases
- Best Interest or Best Interest of Children, Assessment of Best Interest, Determining Best Interest
- Case Meeting, Information Management, File Management and Confidentiality
- Necessary Human Resources for Case Management Process, Job Description, Roles and Responsibilities of Case Management Workers
- Case File

Pre-Requisite of Case Management Process

- Service Mapping and Referral Mechanism
- Selection and Agreement of Primary Service Providers
- Community Based Child Protection Mechanism and Network
- Referral Pathway and Responding Procedure
- Forms and Formats

Points to be Considered to Implement Case Management Process at Local Level

- Service Mapping
- Listing of Primary Service Providers (PSP) and Agreement
- Development of Case Management related Forms and Formats
- Resources- Human Resources, Materials, Infrastructure
- Selection of Focal Person to be assigned for Case Management
- Information Management, File management, Confidentiality
- Child Protection Policy
- Referral Pathway, Workflow, Networking and Referral channel

Service Mapping and Referral Mechanism

- Children's issues at Municipality level
- Identification of stakeholders
- Ward level stakeholders
- Municipality level stakeholders
- Formal Mechanism
- Informal Mechanism
- Telephone contacts of important persons
- Community based mechanisms and networks (CBPBM/CBCPN)
- Support mechanism and referral mechanism/referral pathway
- Prevailing policy and laws relating to children

Community-Based Child Protection Mechanism (CBCPM)

A network with a goal to act against violence and abuse against children in a coordinated way, in which individuals from the community based mechanisms of formal and informal nature represent as members.

What is the Community-Based Child Protection Mechanism?

- A network formed in a particular location with a goal to act against violence and abuse against children in a coordinated way, in which individuals from the community are the members,
- Spontaneously formed from the very beginning or established in the initiation and support of an organization or agency,
- Formal or informal in nature based on its structure and working style,
- The CPBM functions in affiliation with the country's child protection systems in a way to support and complement it.

Case Management File of Individual Child

- There is a record file for each individual child.
- Every child has an identity number.
- The personal record of the child with details is maintained in the case management file. The Child Welfare Officer allocates code number for each child. For example 27 XYZ 0001 (27 denotes Kathmandu as per the Central Bureau of Statistics, similarly XYZ are the three alphabets from the name of the Primary Service Provider (PSP) and 0001 symbolize the number of case).

Documents to be enclosed in the personal case management file of children as per revised form

- ❖ Details and Background of Children
- ❖ Photograph of Children (if possible)
- ❖ Description of Situation of Children
- ❖ Case reporting Form (1)
- ❖ Informed Consent Form (2)
- ❖ Registration and Preliminary Assessment Form (3)
- ❖ Detail Assessment Form (4)
- ❖ Care Plan Form (5)
- ❖ Assistance Form (6)
- ❖ Service Referral Form (7)
- ❖ Follow-up Form (8)
- ❖ Review Form (9)

- ❖ Case Closure Form (10)
- ❖ Feedback Form(11)
- ❖ Search of Children Form (12.1)
- ❖ Search of Family Form (12.2)
- ❖ Certification Form (12.3)
- ❖ Reunion Form (12.4)
- ❖ New Care Management Assessment Form (13.1)
- ❖ New Care Management Form (13.2)
- ❖ Rescue Form (14)
- ❖ Reopening of Case Form (15)
- ❖ Relevant Record as per need/Case Note

Revised Forms for Case Management

1. Identification
2. Informed Consent
3. Registration and Initial Assessment
4. Detail Assessment
5. Care Plan
6. Services
7. Referral
8. Follow up
9. Review of Care Plan
10. Closure
11. Feedback
- 12.A.Tracing- Missing Child
- 12.B.Tracing-Family
- 12.C.Verification
- 12.D. Reunification
- 13.A. New Care Arrangement Assessment
- 13.B. New Care Arrangement
14. Rescue
15. Re-Open

Case Management

- A process to work in a group/team by the caregivers to develop and implement a plan for improving the condition of children,
- A method to individually pay attention to personal problems of each and every child,
- A practice to manage information in the case registration/recording system, and it ensures the confidentiality of the information

Definition of case management:

It is an information and decision making mechanism for managing the time-bound relationship between child and adult child protection worker on particular child protection risks in a logical, participatory, systematic and coordinated manner.

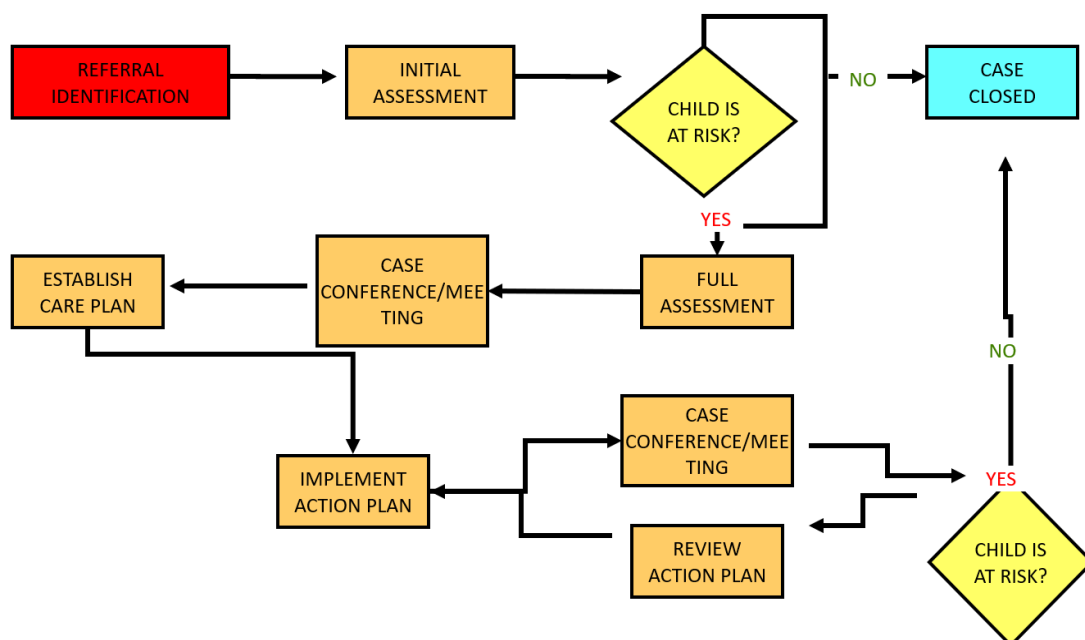
Case Management in Keywords:

- Integrated

- Child-Centered
- Coordinated/Collaborated
- Goal Oriented
- Accountable
- Flexible
- Sequenced
- Cost-Effective
- Sustainable
- Comprehensive

Case Management Workflow:

CASE MANAGEMENT WORKFLOW



Core Principles of Case Management

- System approach
- The best interests of the child (Need vs. Risk assessment)
- Empowerment
- Participation
- Confidentiality
- Responsibility
- Accountability
- Resource Mapping, Coordination and Collaboration

General Case management

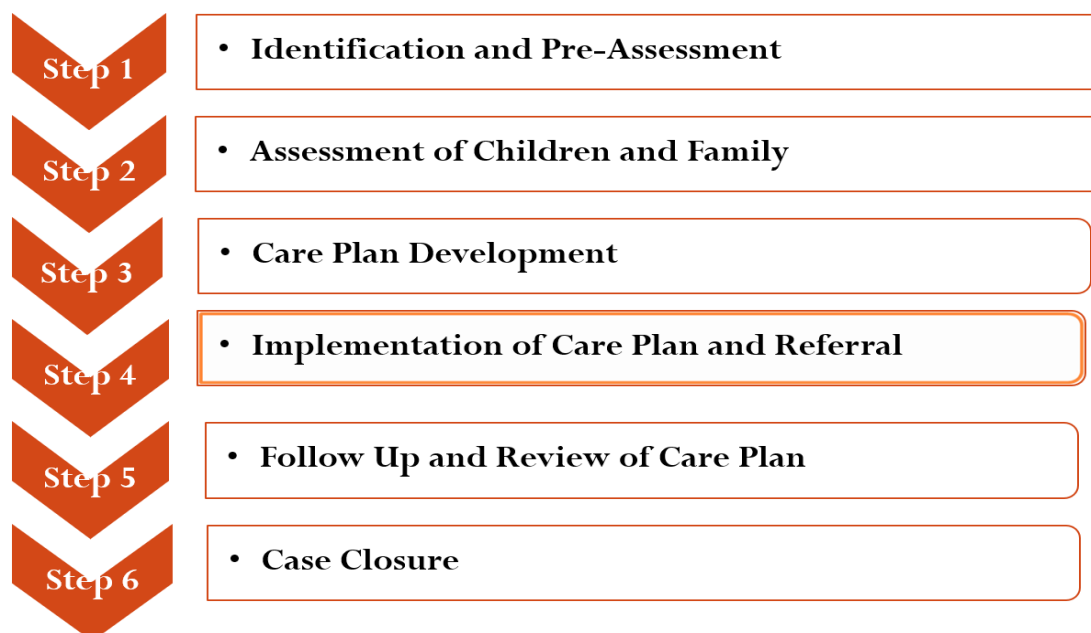
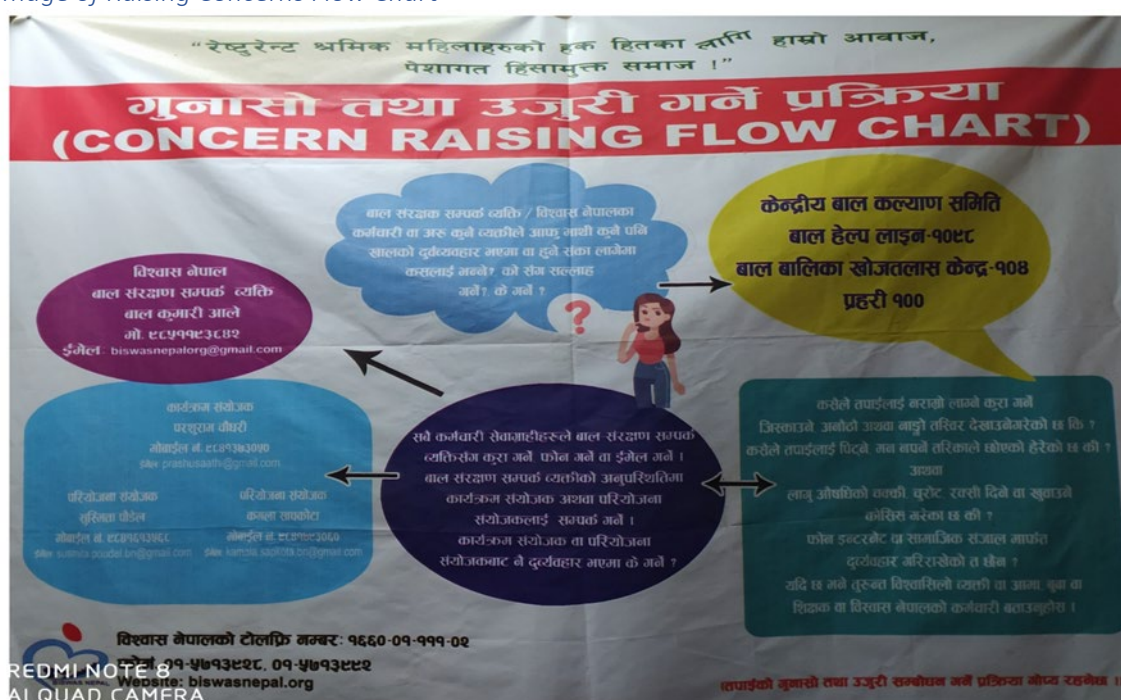


Image of Raising Concerns Flow Chart



Case Conference/Case Meeting

Short term and long term services may be required based on the nature of the case. This includes following services:

- Emergency services,
- Legal services
- Psychosocial services,
- Family support services
- Alternative care or parental care services,

- Livelihood/economic services
- Educational services
- Health services

Importance and Process of Case Conference/Case Meeting:

- Case conference/case meeting is important for the implementation of long term care plan. Case conference/case meeting should be organized in participation of the stakeholders, individuals and experts who are directly concerned with the case.
- The conference/meeting should be called on in given time by Social Worker under the coordination of Child Protection Officer or Child Welfare Officer.
- Case conference/case meeting is required to be convened before risk assessment, preparing the care plan, reviewing the case.
- The proposed care plan, which is prepared by the primary care giver, reviewed by the Child Protection Officer and certified by the Child Welfare Officer, is presented in the case conference/case meeting. Other individuals (experts) are also invited in the case conference/case meeting. The conference/meeting can revise the case plan as necessary. The Child Protection Officer should maintain the key information related to the case after the endorsement of the case plan.

POTENTIAL PARTICIPANTS FOR CASE MEETING



Points to be considered during Case Conference/Case Meeting

- Set standards to facilitate the Case Conference/Case Meeting with regard to the case managed by the Primary Service Provider/PSP.
- It is required that the participation of right stakeholders and experts is ensured and all of them are well prepared before the conference/meeting.
- If the children and families are going to participate in the conference/meeting, they should be informed about the meeting procedure prior to the meeting.
- There should be one accompanying facilitator to interpret and help the family and the children.
- If children are participating, the conference/meeting should be convened in a child-sensitive way.

When the Case Conference/Case Meeting shall be convened

- At any stage of case management workflow
- At the six general stages of case management

Triage

Definition

- The term comes from the e verb trier, meaning to separate, sort, shift or select.
- Triage (/ˈtriːɑːʒ, triˈɑːʒ/) is the process of determining the priority of patients' treatments by the severity of their condition or likelihood of recovery with and without treatment. This rations patient treatment efficiently when resources are insufficient for all to be treated immediately, influencing the order and priority of emergency treatment, emergency transport, or transport destination for the patient.
- Triage simply means to choose, to classify or to sort.
- Triage is a process to classify, select and sort out the service seekers based on the emergency, urgency, complexity and seriousness of the case/condition.
- The risk assessment is done based on the emergency, sensitiveness, complexity and seriousness of the case/condition

Example in the Medical Setting:

1. Patient who fainted
2. Patient with head injury
3. Patient with broken leg
4. Patient with fever
5. Regular follow-up in every six months

Example Applied to Context of Child Labor

1. Child labor: fainted
2. Child labor: sexually abused/exploited
3. Child labor: physical punishment/bitten or thrashed
4. Child labor: verbally abused/scolded
5. Child labor: 12 years of age; having a sound environment with food, clothing, education, health treatment, and affection

Risk Assessment:

The ultimate goal of risk assessment is to identify any essential task to be urgently undertaken concerning the issue of child safeguarding and protection. The risk assessment is performed on the basis of emergency, urgency, complexity and seriousness of the case/condition.

- Risk assessment is carried out based on the emergency, urgency, complexity and seriousness of the case/condition.
- Assessment is done after collecting the information of children and by taking account of the risk involved

- The indicators of risk like abuse, malnutrition, neglect and/or psychosocial condition must be included.
- In order to ensure the emergency need in all kinds of assessment of the children risk assessment must be an essential activity. The categorization of protection concerns/issues/problems helps to present a clear picture during the stage of keeping information.
- Information on particular problems should be collected from children, parents and other relevant parties (e.g. member of community, other organizations or concerned government agencies).

Types of Risks

- Suicidal attempt
- Substance use
- Victim of abuse and exploitation
- Violent to others or violent behavior
- Trafficking
- Family separation
- Abandonment
- Neglect,
- Child labor

Levels of Risk

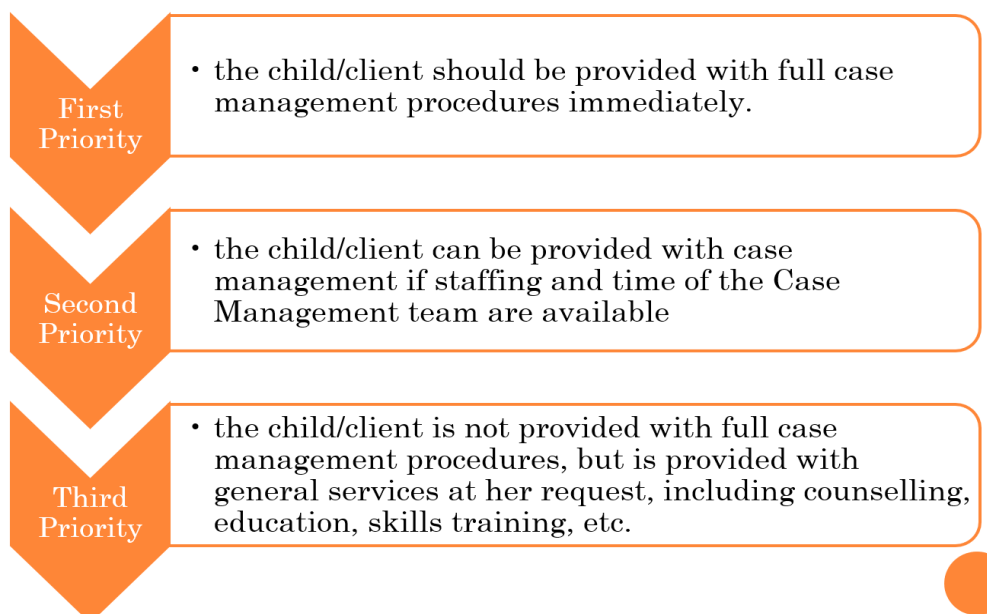
- Response-time and client-contact standards are based on levels of risk to children as follows:
 - High Risk
 - Medium Risk
 - Low Risk
 - No Risk

Classification	Risk	Types of Case	Timeline for Informing to Focal Person and Preparing Case File
(a)	High risk	Already got harmed, injured, possibility of death	Need to report within 24 hour, prepare case file
(b)	Medium risk	Already got harmed, injured, no possibility of death	2-7 days need to report within a week prepared case file
(c)	Low risk	Safe in home, but possibility of harm or becoming victim of abuse at any time	7 -15 days need to report within a week prepared case file
(d)	No risk	Safe in home, no possibility of any harm but child labor under 12, in good environment for education, love, treatment, food and clothing	16 -31 days, within 2-4 weeks need to report

Prioritization of Cases

Information about the urgency of the case is received from the collection of basic details. This helps to prioritize the cases. And if emergency assistance and rescue is required, the case should be immediately managed taking its urgency into account. If the child is at extremely high risk, the emergency service must be rendered immediate prior to developing the care plan and collecting other information. After that other stages of case management should be completed.

PRIORITIZATION OF CASES



	Types of Cases	Description (Examples)	Classification	Risk
1	Child abuse	Physical abuse, Sexual abuse, Neglected, Child labor, Child soldier, child trafficking	1	High
			2	Medium
			3	Low
			4	No risk
2	Health	Physical/Health Disability	1	High
			2	Medium
			3	Low
			4	No risk
3	Psychosocial	Mental Health	1	High
			2	Medium
			3	Low
			4	No risk
4	Chronic, on-going, reoccurrence/escalation of old cases	Domestic violence, Alcoholic/drug addict, Family distortion, Ultra poor,	1	High
			2	Medium
			3	Low
			4	No risk
5	Social	Birth registration, School attendance, Occupation (Transfer in vocational training), Displaced or disintegration	1	High
			2	Medium
			3	Low
			4	No risk
6	Family	Orphan (unaccompanied or both), Use of alcohol Orphanage or child home, Child headed family Disability (physical/mental, seriously injured, accident)	1	High
			2	Medium
			3	Low
			4	No risk

Triage Case Studies

Many women and children come to your Drop in Centre (DIC). Many women and children come to your Drop in Centre (DIC). Put tick mark on the boxes below to show which cases are of utmost importance considering there are sufficient staffs and time in the DIC to pay attention to the critical cases Please select only three cases.

Most important

Average

Less important

☐☐☐

A girl has been sexually abused at the work place by her employer and also regularly abused by her male colleagues.

Most important

Average

Less important

☐☐☐

A girl has come to DIC with her friends since they told her it is enjoyable there. Now she wants to watch TV and talk to other girls.

Most important

Average

Less important

☐☐☐

The girl is very smart and serious. Since her sister runs beautiparlor in Dharan, she wants to work there after getting the beautiparlor training.

Most important

Average

Less important

☐☐☐

As it is easy to work in parlor, she wants to open it after getting the parlor training. But she does not want to spend long time in the training. Additionally, she wishes to receive the training on computer operator and air hostage.

Most important

Average

Less important

☐☐☐

She is only 18 years old. She has two young children, but no husband. She has a boy friend, who regularly beats her. She does not know where to leave her children.

Most important

Average

Less important

☐☐☐

She does not know why she came to DIC. Perhaps, she expects to get an alternate job with better income after getting there.

Most important

Average

Less important

☐☐☐

She yields good income from dance/bar and enjoys the work. She is HIV positive. But she has no idea of its medicine and treatment.

Most important

Average

Less important

☐☐☐

A 15 years old girl has just arrived in Kathmandu. She does not like the present situation and she is in dilemma of what shall be done.

Vulnerability Criteria

Selection of Beneficiaries for Case Management and Vulnerability Criteria

Screening/Vulnerability Criteria for Case Management/or Criteria to create case file for systematic case management			
SN	Major Criteria for Case Management	Yes/No	Remarks
1	Children below 14 years working as Child Labor		
2	Children below 18 years working as Child Labor		
3	Dependent children with Worker's family		
4	Children involved in hazardous/worst form of child labor as indicated by National and International Standards		
4.1	Domestic Child Labor		
4.2	Child Porter		
4.3	Agriculture Child Labor		
4.4	Child Labor involved in drug peddling, trafficking & smuggling		
4.5	Sewing Child Labor		
4.6	CL in Brick Kiln		
4.7	CL in Mines		
4.8	CL in Entertainment Sectors (including sexual exploitation)		
4.9	CL in Transportation Sector		
4.10	CL involved in Hand Embroidery (Zari)		
4.11	CL outbound to neighbouring countries		
4.12	CL in mechanical or chemical sector		
4.13	CL involved in begging		
4.14	CL involved in street vending		
4.15	CL involved in collecting herbs		
4.16	CL in Physical Infrastructure Sector/Construction Site		
4.17	CL in Hotel & Restaurant Sector		
5	Unaccompanied & Separated Children		
5.1	Unaccompanied		
5.2	Separated		
6	Vulnerable Children		
6.1	Poor Economic Condition		
6.2	Survivor of Child Marriage		
6.3	Abandoned Children		
6.4	Unaccompanied Orphan Children		
6.5	Double Orphan Children		
6.6	Children from Disintegrated Family		
SN	Major Criteria for Case Management	Yes/No	Remarks
6.7	Children of GBV Survivors		

6.8	Unaccompanied Women headed family		
6.9	Children with Disability		
6.10	Children from People with Disability/Family		
6.11	Children Affected by HIV/AIDS		
6.12	Children Infected by HIV/AIDS		
6.13	Children Affected by Covid-19		
6.14	Children Infected by Covid-19		
6.15	Child Headed Households		
7	Children at Risk of any Harm		
7.1	Abuse		
7.2	Exploitation		
7.3	Neglect		
7.4	Violence		
8	Children Who are deprived from other rights		
8.1	Deprived of Rights to Education		
8.2	Deprived of Rights to Health		

Best Interest Assessment (BIA) & Best Interest Determination (BID)

At the end of the session, the participants will

- Know about Best Interest of Child, Best Interest Assessment (BIA) and Best Interest Determination (BID)
- Differences Between BIA and BID
- Scope of BID
- Principles of BID during Placement

UNCRC, 1989 Article 3: The Best Interest of the Child

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.
3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform to the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Best Interest of Child

All activities carried out for the child will pay due attention to the best interest of the child. If the parents or other responsible persons do not work for the interest of children, the state shall manage to take care and protection of such child. The state should enable them to fulfil their duties through the realization of their responsibilities.



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- **Additional 1 Sense- Common Sense (Best Interest of Child)**

Determining the Best Interest

- Explanation of best interest in detail and in comprehensive manner.
- It is difficult to provide a generic definition because each and every case is specific (different)

Difference between BIA (Best Interest Assessment) & BID (Best Interest Determination)

Best Interest Assessment (BIA)

- It is undertaken by the Social Worker in individual basis giving top priority. (While taking decision, it affects the child. The impact on child - both positive and negative- should be considered).
- The best interest of child should be regarded as a responsibility, but not as a want.
- It should be undertaken in all cases by an experienced person or in consultation with others, in which the participation of the concerned child is compulsory.

Best Interest Determination (BID)

- A critical working procedure and formal process that determines the best interest of child.
- Need to facilitate in a non-discriminatory way for the child's participation as far as possible, A balance should be maintained between the involvement of concerned expert decision maker and relevant parties for the best alternative.
- There is a provision the determination of best interest can be officially done only by the person who is authorized by the government.

While placing the children for their short term and long term protection it is necessary to ensure their best interest. Such as: reintegration with the family and other measures of alternative care (care provided by relatives, foster parenting, short term and long-term protection, and etc.).

Workflow, forms and formats, and guidelines relating to the placement of children are all additional procedures to be adopted during the case management process. During the placement of the children all processes and steps of case management are followed paying due attention to the best interest principle. This guideline explains the basis of determining the best interest during placement of children.

The ultimate objective of this guideline is to provide guidance to the Child Welfare Officer for rescuing the children from harmful and vulnerable situation and making decision of placement in an appropriate location.

General Principles of Placement Decision Process

- Best interest of children
- Family as the first alternate
- Idea and concept of children
- Protection
- Privacy and confidentiality

- Contact with family
- Non-discrimination
- Child friendly environment
- Idea, concept and participation of family
- Planned activities for life skill
- Special attention to the need of children with diverse background

Term of References (TOR) of Focal Persons during Case Management Process

Children suffer from various kinds of risks, due to which their growth and development is interrupted. This also makes them always feel insecure. Section 48 of Act Relating to Children, 2075 has also identified the risk factors of the children. Such as: following children are included in the category of children in emergency or at risk:

- (a) Orphan children,
- (b) Children that have been left or found abandoned in hospital or other public places or separated from parents or left unclaimed, with the identity of their parents unknown,
- (c) Children that are not receiving appropriate care due to physical or mental disability or incapacity of their parents,
- (d) Among children in conflict with law, those who have been referred for alternative care under the diversion process,
- (e) Children staying in prison being dependent on their father or mother who is detained or imprisoned?
- (f) Infants born due to rape or incestuous relationships that are punishable by law and concerning whom application has been submitted to a child welfare authority, claiming inability to raise them,
- (g) Children who have been separated from their families for their best interest due to abuse, violence or neglect by their fathers, mothers or guardians,
- (h) Children who are earning their livelihood by engaging in labor that is forced or bonded or hazardous or worst in form or that contravenes a prevailing law, are addicted to smoking, drinking or other narcotic drugs, or are infected with HIV,
- (i) Children who are experiencing difficulty leading normal life or whose lives are at risk, having been suffering from serious physical or mental health problems or serious disability, due to the inability of their parents or families to afford treatment,
- (j) Children who are the victims of offences against children or are at such risks,
- (k) Children who have lost both or either of their parents, or whose parents have disappeared, or have themselves been suffering physically or mentally or facing disability due to disasters or armed conflict,
- (l) Children belonging to deprived Dalit communities,
- (m) Other children who are designated as children in need of special protection by the Ministry through a notification in the Nepal Gazette,
- (n) Street Children,
- (o) School drop out due to child marriage or at other kind of risk,
- (p) Hijacked or abducted,
- (q) Affected by accident or natural calamities,
- (r) Other children who are designated by the organization in coordination with Local Child Rights Committee.

It is the right of the children to enjoy the protection from various kinds of risks. For minimizing and responding to such kind of risks case management process is systematically followed. There is a

need of different experts and stakeholders to carry out the case management in a systematic manner. The role played by stakeholders and individuals helps to minimize, mitigate and solve the risks of children face.

[Required Human Resources for Case Management Process:](#)

1. Child Protection Focal Person
2. Case Supervisor
3. Case Manager
4. Case Management Worker
5. Legal Expert
6. Counsellor
7. Health Expert/Worker

1. Child Protection Focal Person:

Child Protection Focal Person works as the main person for case management. The Child Protection Focal Person plays all important roles in the case management.

The Job Description/Roles and Responsibilities of Child Protection Focal Person

1. Play crucial role in developing the case management programme.
2. Facilitate organizational and programmeatic hurdles.
3. Facilitate the programmes to be carried out at the local and district level.
4. Help case manager for child related complaint hearing and management.
5. Do/let improve the organization's child protection policy in line with the national and international policy and law and the national master plan and as per the need of the day, and implement/let implement it.
6. Organize meeeting for case management as required, prepare the file, and study and verify the records, as well as regularly inform the supervisor and executive committee.
7. Guide social worker and social mobilizer about the case management.
8. Prepare and submit the monthly report to the concerned agency.
9. Coordinate and cowork with local government and Local Child Right Committee (LCRC) as necessary.

2. Case Supervisor:

The Case Supervisor is in roles or functions to monitory whether the responses to reduce the risk of children have been duly followed and managed the procedural guidelines or not. Followings are the roles of the Case Supervisor:

The Job Description/Roles and Responsibilities of Case Supervisor

1. Collect information on whether the children's record file with code number has been kept or not for case management.
2. Monitor whether the file is managed and protected as set procedeurs and the confidentiality maintained or not.
3. Do/let monitor, recommend and facilitate all cases as per the set proedures of case management (identification, family assessment, development, implementation and monitoring of care plan, case review and closure) and let other follow the same.
4. Monitor and provide guidance to all staffs regarding the implementation of policy and decisions on confidentiality.
5. Do/let monitor if the confidentiality has been breached.
6. Do/let monitor whether the mechanism for safe and quality service has been in place or not.
7. Play effective role in the monitoring and implementation of programme for its quality.
8. Play role in support of the children by carrying-out coordinating role with the government, non-government and private sector.
9. Do/let take initiatives to resolve the problems and gaps identified during monitoring and after taking part in the case management meeting.
10. Provide information about the problems of case management identified during monitoring to the manager, child protection focal person and executive committee for settlement.

3. Case Manager:

The Case Manager is the person who plays roles to bring the procedures and methods of risk reduction process of the children into closure in a systematic manner. Following are the roles of the Case Manager:

Job Description/Roles and Responsibilities of Case Manager

1. Help to develop children's case record file and assign coding.
2. Do/let manage files systematically as set procedures, protect and maintain confidentiality.
3. Do/let monitor, recommend and facilitate all cases as per the set procedures of case management (identification, family assessment, development, implementation and monitoring of care plan, case review and closure) and let other follow the same.
4. Inform all staffs regarding the policy and decisions on confidentiality. Do/let them make conscious of the confidentiality
5. Inform relevant agency/person in case confidentiality has been breached..
6. Develop mechanism for safe and quality service.
7. Comprehend the psychology and necessity of the children at risk and facilitate for assistance.
8. Mobilize the relevant team to perform task based on various policy, law and procedure.
9. Play crucial role in monitoring and implementation for the quality of programme.
10. Play roles for the assistance of children by coordinating with the government, non-government and private sector service providers.
11. Make decision relating to emergency legal remedy.
12. Coordinate concerned agencies at the local, district and province level.
13. Develop plan by reviewing the monthly records and identifying the problems.
14. Investigate by using the institutional protection process.
15. Prepare and implement the institutional child protection.
16. Organize meeting on case conference and case management, and review and implement the meeting decisions.
17. Provide information about the situation of case management to the manager, child protection focal person, supervisor and executive committee of the organization.
18. Provide guidance to social worker and social mobilizer about case management.

4. Case Worker:

The Case Worker has a direct role in managing the cases of children at risk. He/she deals individually for managing such cases. He/she has to play roles from the filing of the cases to their closure.

The Job Description/Roles and Responsibilities of Case Worker

1. The Case Manager will assign the Case Worker the responsibility of case management with a maximum number of 15 cases. Directly deal with the assigned case management process.
2. In each child's case management, follow the procedure of identification and registration, family assessment, development of care plan, implementation and monitoring of the care plan, review and closure of the case
3. After identifying the need, coordinate with the local level, survivor and family, and other stakeholders for assistance.
4. Collect data of children at risk, child labor and child survivors of labor exploitation by playing roles of research assistant in various types of study.
5. Maintain personal file of each child and ensure confidentiality.
6. Keep record of safeguarding and referral of children.
7. Maintain confidentiality of the children's record and regularly update them.
8. Follow-up the care plan of children.
9. Refer the cases of seeking services by identifying the providing agency.
10. Regularly pass on information to the supervisor about the situation of the case.
11. Prepare and submit the monthly report to the relevant staff of the organization.
12. Perform the task by giving top priority to confidentiality of the children
13. Carry out awareness programmes for ending child labor.

5. Legal Expert:

Children in conflict with law, children in need of legal protection, children affected by sexual exploitation and other kinds of abuse require legal assistance. The person who is appointed to provide legal aid works as a legal expert.

The Job Description/Roles and Responsibilities of Legal Expert

1. Shall possess knowledge of policy, acts, rules and procedures for easy settlement of the cases of child labor and survivors of labor exploitation.
2. Shall have working experience in the government judicial sector or was recommended in the past for the relevant job.
3. Shall be non-aligned with any political party and able to make unbiased decision.
4. Able to help in providing suggestions and facilitate during difficult time in the course of case management.
5. Capable of working to accord top priority to confidentiality while providing legal assistance to the case as required in the course of case management.

6. Psychosocial Counselor:

The children at risk may have the psychosocial problems too. Thus, psychosocial assistance should be provided in due course of case management with the help of Psychosocial Counsellor if it is felt that the children need the counseling. Followings are the qualification, roles and responsibilities of the Psychosocial Counsellor.

The Job Description/Roles and Responsibilities of Psychosocial Counselor

1. A minimum 4 to 6 month counseling training is required.
2. At least participated in 1 day PFA orientation.
3. The counsellor needs to make the concerned person feel secured and provide counseling in local language.
4. Safely manage the information relating to the case of survivor.
5. Pay attention to the views of the survivor by ensuring two-way communication while providing counseling to the survivor.
6. Provide conseling to the children time and again to improve the mental health.
7. Encourage to bring forth the relevant issues by giving them opportunity to express and discuss their feelings.
8. Capable of providing conseling by investigating and digging out the psychological problems including the problems of children, labor exploitation, abuse, stress, depression, self-harming, suicidal attempt and etc.
9. Capable to work putting priority to the confidentiality of the children.
10. Provide counseling to the victim children.
11. Provide counseling in a self- induced manner by finding out the psychological and other problems.
12. Show respect to the values, norms, behavior and perception of individual, family and community while providing counseling by the Psychosocial Counselor.
13. Develop good relations with children, family and community for the protection, care and rehabilitation.
14. Coordinate with other service proding agencies and organizations for harmonization and joint work.
15. Ensure confidentiality and trust with the children.
16. Help the individual or family for seeking assitance from the community and local environment.
17. Maintain record, evaluate and follow-up the whole process.

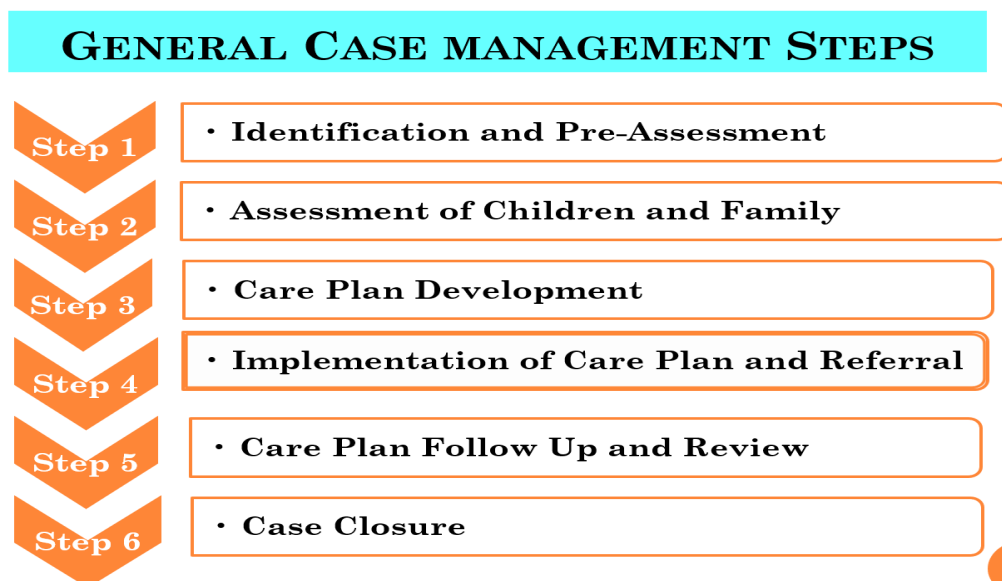
7. Health Expert/Worker:

In the context of case management children may have been facing health related problems. In situation of children encountering various types of abuses keeping in view of the confidentiality of children, health expert or health workers are being mobilized for health treatment, nutrition and other health related support.

The Job Description/Roles and Responsibilities of Health Expert/Worker

1. Shall have minimum 2 years education in health science (ANM, nurse, AHW).
2. Shall have at least 1 year working experience in an institution.
3. Refer the victim children to concerned institution for treatment with necessary recommendation in case one cannot resolve the health problem.
4. Provide recommendation to the victim children based on the symptom.
5. Shall possess basic knowledge regarding various diseases and shall treat the case with due attention to confidentiality.
6. Facilitate to adopt nutrition and health related awareness as required.
7. Provide information to the parents regarding the health and nutrition of their children.
8. Refer/recommend to the hospital or health institution with counseling for children with serious health problems.
9. Provide feedback to children and parents for resolving the health problem based on the care plan.

Steps of Case Management



Step 1: Identification & Pre-Assessment

Objective:

To carry out the pre-assessment to reach at a decision whether or not to prepare case record file of the children by identifying victims or children at risk of abuse and exploitation

- What is the purpose of this step?
- Who identifies the children?
- What are the functions of Child Protection Officer/Case Manager/Social Mobilizer?
- How to select and contract the primary care giver?
- How to prioritize the cases?
- What are the formats to be filled up in this stage?

In this step:

- Complaint/information relating to case
- Identification of children
- Prioritization of cases
- Selection of and contract with primary care giver
- Formats necessary for this step

Identification of children

Different people or institutions can provide identification, complaints, and information about the children. Children themselves can also deliver information about their problems.

Selection of and contract with primary care giver

Among the enlisted primary service providers, **Municipality or Rural Municipality or Local Child Rights Committee** should formally sign agreement in advance with one or more primary service providers as required. In the agreement the responsibility and joint work of **Municipality or Rural Municipality or Local Child Rights Committee**, the Focal Child Welfare Officer and primary care giver should be mentioned. Data in the designated formats should be provided while assigning the responsibility to the primary care giver.

Prioritization of cases

The collection of basic data provides information about urgency of the case. It helps to prioritize the case for **Municipality or Rural Municipality or Local Child Rights Committee, the Focal**

Person for Children, Child Welfare Officer and primary care giver. Additionally, if the emergency assistance and rescue is required, the **Municipality or Rural Municipality or Local Child Rights Committee**, Child Welfare Officer or **the Focal Person for Children** should immediately intervene as per the set procedure of case management. In case the children are at extreme risk, the emergency service must be urgently provided before preparing care plan and collecting other information. After that other steps of case management can be carried forward.

What formats have to be filled up at this step?

In this step, it should be ensured that the following forms are attached in the individual case files.

- Case Reporting Form 1
- Informed Consent Form 2
- Registration and Preliminary Evaluation/Assessment Form 3

Guideline for Contract Agreement with Primary Service Providers

- At least one primary service provider should sign the contract agreement with Local Child Right Committee (LCRC) or Municipality or Rural Municipality for case management of the children as recommended by the Child Welfare Officer.
- Following processes are to be followed during contract agreement:
- Enlistment of service providers in the district/Municipality
- Screening and selection of potential service provider
- Identification of more than one primary service provider based on established norms.
- Bilateral agreement between Local Child Right Committee (LCRC) or Municipality or Rural Municipality and the primary service provider.

Mapping of Service Providers

- A directory of service providers of the district should be prepared based on the mapping of the district/municipality. It is the role of Child Protection Officer/Case Manager/Social Worker to consolidate and update the directory.

Preliminary Selection of Potential Service Provider

- The preliminary selection of potential service provider should be accomplished from the directory of primary service providers in consultation and recommendation of Local Child Right Committee (LCRC) or Municipality or Rural Municipality.
- The Local Child Right's Committee or Municipality or Rural Municipality should proceed to sign the contract agreement process by contacting the Primary Service Provider which has been selected in preliminary process and informing about the expected services and function in detail.

Assessment of Potential Service Provider

The Child Welfare Officer/Child Protection Officer carries out the assessment of technical and human resource capability, management and financial capacity of the enlisted service providers. Based on this agreement should be signed with the Local Child Rights Committee or Municipality or Rural Municipality.

The following aspects should be included in the assessment

- Background of the organization
- Legal status of the organization
- Organizational goal and strategy
- Geographical working area of the organization
- Organizational efficiency (based on TOR- desired roles of primary service provider)
- Human resource of the organization, capacity of service delivery of the organization and maintaining personal bio-data of relevant staff members of the organization
- Working procedure the organization
- Institutional structure and the culture of the organization
- Leadership of the organization
- Financial source of the organization
- Working relation and partnership with the government international non-government organizations and other non-government organizations
- Review of work performance of previous year with feedback of supporting organization
- Child protection policy of the organizations

Annex A (8): The model format for the evaluation of the service provider is available.

Form A. 8

Model Format for the Evaluation of the Service Provider

Detail description of the organization

Name:

Address:

Contact Person:

Phone:

Email:

<p>1. Legal validity of the organization:</p> <ul style="list-style-type: none"> • Registration and renewal at District Admin Office: Yes/No • Affiliation with Social Welfare Council: Yes/No • Availability of audit report: Yes/No • Year of establishment 	
<p>2. Policy/Rules</p> <ul style="list-style-type: none"> • Child Protection Policy: Yes/No • Inclusion Policy: Yes/No 	
<p>3. Membership:</p> <ul style="list-style-type: none"> • Number of members • Number of board members • General assembly 	
<p>4. Leadership</p> <ul style="list-style-type: none"> • Assessment of competent and experienced leader • Organizational structure and environment, monitoring, transparency, relations among members, organizational relation 	
<p>5. Management System</p> <ul style="list-style-type: none"> • Financial and administrative management capacity • Planning, monitoring and evaluation process • Management and decision making process • Fund generation and capacity of fund raising 	
<p>6. Planning and Budgeting</p> <ul style="list-style-type: none"> • Strategic planning of the organization (Goal, Vision, Objective) • Annual planning for child protection • Annual budget for child protection • Financial Source, source of fund of the organization (government and non-government) 	
<p>7. Record Management</p> <ul style="list-style-type: none"> • Case management system 	

<ul style="list-style-type: none"> • Electronic data 	
8. Geography of Working Area <ul style="list-style-type: none"> • Rural Municipality • Municipality 	
9. Technical Capacity	
10. Field of expertise	
11. Specialized field in child protection	
12. Experience in case management	Some points for examples <ul style="list-style-type: none"> • Children at risk (prevention activities) • Children without parent • Children affected by deinstitutionalization, neglect, abandonment, mistreatment • Children affected by physical, mental or emotional abuse and violence • Children affected by child labor, sexual exploitation and violence • Children affected by commercial sexual exploitation • Children affected by trafficking and transportation • Street Children • Children with disability • Children affected by armed conflict • children affected by natural or human made disaster • Children in conflict with law (in labor camp and police detention) • Children as victim, witness and children whose parent/s are in jail • HIV affected/infected children • Children in drug abuse • Harmful traditional practices (child marriage, <i>Badi</i>, <i>Deuki</i>, <i>Chhaupadi</i> and others) • Legal assistance (children without birth registration, children without citizenship)
13. Services Provided by the Organization	<ul style="list-style-type: none"> • Prevention through media and awareness • Search and reporting mechanism • Emergency service • Legal service • Psychosocial service • Family support service • From alternative care to family based care

	<ul style="list-style-type: none"> • Financial/life skill development service • Education, health • Others
14. Capacity of Service Delivery <ul style="list-style-type: none"> • Number of children benefitted by current service delivery • Estimated number of children that can be reached 	
15. Human Resources <ul style="list-style-type: none"> • Number of trained social workers <ul style="list-style-type: none"> ○ Obtained short term training ○ Obtained long term training (graduate/post graduate) • Number of trained counsellors <ul style="list-style-type: none"> ○ Obtained short term training ○ Medium term (SLC, Proficiency Certificate) ○ Graduate/post graduate • Number of lawyers/advocates • Number of doctors • Number of social mobilizers • Number of trainers/facilitators 	
16. Working Relation and Partnership (government, NGO and Partners) <ul style="list-style-type: none"> • Coordination • Membership in district committee • Joint programme 	

Summary of Monitoring or Assessment]

Evaluation of Organization based on above Information

A. Technical capacity of the Organization with Human Resources

.....
.....
.....

B. Organizational Management and Financial Capacity of the Organization

.....
.....
.....

Date of Assessment undertaken:

Assessment undertaken by (Name and Organization)

Step 2: Assessment of Children and Family

The objective of this stage is to take stock of the real condition of the child and prioritize the action to be taken by preparing an appropriate care plan with due attention to his/her best interest. While doing this assessment of the child and his/her family should be undertaken.

The primary care givers deploy the trained social workers for case management as per the signed agreement. He/she has to fulfil his/her responsibility accordingly.

Assessment Process

The Assessment is undertaken based on the following process and information:

- Interview with the child and family,
- Interview with the staff, community leader and the person who can provide information about the children,
- On the spot observation of the children and family,
- Interview of the child and family should be undertaken separately based on the assessment of his physical, mental or psychosocial condition as required. For example, interview should be undertaken separately instead of taking at one place if the whole family members or any member of the family has been indulged in abuse or the child is staying apart from the family.

Elements to be Included While Undertaking Assessment

Following elements should be included in the assessment form and the check-list of protection n issues:

- Personal information of the child (such as: name, age, address, caste, language, religion, sex, etc.)
- Family structure
- Family condition - education, employment, living condition, size of land holding, source of income, family members' health condition, marital status, social status and etc.
- Additional information of the child
 - Health condition - general health of the child, required treatment and situation of disability, etc.
 - Development condition - slow growth, average physical development and intellectual development (education - information about education, educational status, information about present school attending).
 - Psychosocial and emotional condition (interpersonal, family and social interactive behavior and relation, such as attentiveness, offensive, curious, bold, timid, nervousness, lying, loneliness, etc.).
 - Life skills, vocational or other useful skills and expectation of the children.
 - Family condition - education, employment, living condition, size of land holding, source of income, family members' health condition, marital status, social status and etc.

Home Environment and Family Background

- Capacity of parents or care givers to address the needs of the children in appropriate manner (basic care, guarantee of protection, consistency in emotional relation, encouragement and guidance).

- Issues that effect the capacity of parents or care givers to address the needs of the children, such as physical and mental ill-health, incompetency in learning, harmful use of alcohol, domestic violence, abuse in childhood, past cases of abuse against children, etc.

[Expectation and Perception of Children:](#)

- While undertaking the assessment of the children, social worker should focus on their need, expectation and perception.
- While taking stock of the situation of the children and family, social mobilizer should mention a precise conclusion with his/her recommendations.

[What types of formats are required at this step?](#)

- As per the revised forms: Detail Assessment Form (4)

Step 3: Development of Care Plan

Care plan is a principle guideline for taking care and providing support to children. It helps to achieve goals by identifying when and what types of assistances are required. The overall framework of the procedures of identifying the scopes of assistance and achieving the goal is known as care plan. The best interest of children is the primary goal of the care plan.

While preparing the care plan, necessary activities should be planned in order to fulfill the goal as determined by the assessment. The care plan should be prepared based on the assessment of child and family, as well as child's participation and information collected.

The objective of care plan is to ensure the immediate need as well as long-term protection need of child, and prepare care programme of each individual child.

Things to be included in Care Plan

- Determination of long-term goal of the plan based on the need, expectation, and skills identified by assessment.
- Description of required activities and services to achieve the goal.
- Responsibilities of essential services providing organization, person and agency in order to perform the task.
- Date of start and closure of the care plan.
- Sequential activities and timeline.
- Timeline of review and monitoring, and re-assessment of risk.

Assessment of Care Plan

- Does the plan address the safety need of child?
- Does the plan put the child at the top priority?
- Is the desired goal in favor of the best interest of child?
- At what level is the participation of the child?
- Who are consulted with?
- Do the family and child accept the care plan?
- Is the care plan based on reality?
- Is the timeline based on reality?
- Is the child ready for change?

Essential Various Services

Short-term and long-term services may be required based on the nature of the case. This may include following services:

- Emergency service
- Legal service
- Psychosocial service/counseling
- Family support service
- Alternative care or parental care
- Livelihood/economic service
- Educational service
- Health service

What formats are to be filled up in this step?

Care Plan Form (5)

Task to be performed after the preparation of Care Plan

After reviewing and certification of the Child Welfare Officer, the proposed care plan prepared by primary service provider is presented in the case conference/ meeting. Other persons (experts)

are also being invited in the case conference/meeting. The meeting can revise the case plan as deemed necessary. Main data of case plan should be maintained after its endorsement.

Step 4: Implementation of Care Plan & Referral

The objective of this step is to ensure the effective implementation of care plan and reinforce its implementation as soon as possible.

Implementation of Care Plan

- Implementation of care plan should be carried forward as planned by primary service provider.
- Care plan should be started immediately after its endorsement.
- For the implementation of care services as stated in care plan, the service provider in coordination with the Child Welfare Officer should make recommendations to government and non-government organizations.
- In the course of case plan implementation, if certain problems, difficulties or uncommon situation arise, the Child Welfare Officer (CWO) or Rural Municipality or Municipality or the designated Focal Person should be facilitated through case conference/meeting. In this process due attention should be paid to the best interest of child. In this connection the primary service provider should offer necessary support.

In relation to the child referred by other district or local level - rural municipality or municipality

If the child is in need of services during repatriation to his/her native district or local level- Rural Municipality or Municipality from other districts or Rural Municipality or Municipality, the Child Welfare Officer or the designated focal person of the Rural Municipality or Municipality, with case details, has to officially refer the child for required services to the Child Welfare Officer or the designated focal person of the native district or local level- Rural Municipality or Municipality. The receiving Child Welfare Officer or the designated focal person of the Rural Municipality or Municipality should take the responsibility to manage the case by selecting the primary service provider in the district or local level- Rural Municipality or Municipality.

In whatever stage the case may have referred, it is necessary to complete the steps as described in the case management and update the records in coordination with the concerned Child Welfare Officer or the designated focal person of the Rural Municipality or Municipality.

What formats are to be filled up in this step?

- Assistance Form (6)
- Service Referral Form (7)

Effective Referral and its Principles

- Maintain records using Service Referral Form (7) for all kinds of referrals.
- Should be clear on following points:
 - service and assistance
 - time and period
 - expectation of child and family
 - follow-up and essential information
- The Case Manager is supposed to provide necessary information to the service provider (but not all information).
- It is essential that the child understands the objective of referral and knows how to contact his/her case manager at the time of need.
- The best interest of child must be ensured during the implementation of care plan, including the assessment and resolution of best interest should also be done.

Step 5: Care Plan Follow-up & Review

Objective:

The objective of this step is to modify the services by ascertaining whether the services provided by the primary care givers and the referred organizations are effectively implemented or not.

Monitoring and Review:

It is necessary to regularly follow-up, monitor and review in order to ensure the timely delivery of safety and services to children, and to modify or close the care plan by reviewing whether the services have fulfilled the need of child. If there is a need to modify the pre planned activities, there is a need to keep and updated record of the same. The service provider should be given an opportunity to express his/her views on service delivery after case review.

Monitoring:

The social worker of service provider, who has been recommended for case management role, is supposed to regularly monitor the service within the organization. The Child Welfare Officer or the designated focal person of the local level- Rural Municipality or Municipality is supposed to regularly monitor the quality of services provider by each service provider. The social worker monitors each child in different ways, such as: preparation of case monitoring report by taking notes through observation, family visit, interview, telephone conversation and etc. The frequency of monitoring is determined by the degree of risk and the need of monitoring gradually decreases. It also provides an opportunity for the reassessment of any protection issue.

Review:

The service provider and any other person (expert), as per requirement, regularly carry out the review of care plan as scheduled. But review meeting/case meeting should be organized at any time giving due attention to the nature of the case and requirement. The Child Welfare Officer or the designated focal person of the local level- Rural Municipality or Municipality should regularly monitor this process. He/she should organize the review meeting by determining the progress achieved in case management and to apprehend the changes required in the case plan. Based on the review result the care plan should be modified. The review of care plan continues until the closure of the case.

What formats are to be filled up in this step?

- Follow-up Form (8)
- Review Form (9)

Why follow-up, monitor and review the care plan?

- The objective of review meeting is to evaluate whether the actions taken by social worker of primary service providers (PSP) and its partners (Such as other service providers where childrens are referred as required) to solve the problem are appropriately implemented or not.
- It is supposed to review the actions (goals) taken by social worker of primary service providers (PSP) to address the most critical problem in the implementation of care plan. It is recorded if any changes and adjustment is required.
- After case review the service seeker provides his/her view on the changes made. Afterward the reviewed plan is being implemented.
- The Social Worker of primary service provider is supposed to monitor regularly. He/she monitors each and every child in different ways, such as family visit, interview and observation, and prepare the documents by taking case notes.

- The Social Worker should report to the Child Welfare Officer or the designated Focal Person of the local level- rural municipality or municipality the findings of monitoring and organize the case conference/case meeting.
- The care plan can be reviewed more than once as per the progress or change noticed in service seeker.

Who is supposed to follow-up, monitor and review the care plan?

- The timeline between the first care plan meeting and review meeting is fixed by the Social Worker or the person responsible for the service seeker's case management.
- The timeline may be a few weeks or a few months. With regard to the progress and implementation of the service seeker, it depends on the opinion of the Social Worker or other staff (who is involved in case management process) of the primary service provider (PSP).
- The Social Worker should monitor the case after implementation of care plan. If possible, the service seeker may be present in the meeting and expresses his/her opinion.
- In some cases owing to the change occurred in the service seeker due to emergency situation or other reasons, it is necessary to review the case immediately. The staffs of service providing organization should be ready for this.
- The Social Worker of the Primary Service Provider (PSP) is to regularly monitor the case.
- As far as concerned, the review is regularly done by the Child Welfare Officer or the designated Focal Person of the local level - rural municipality or municipality and the expert of Primary Service Provider (as deemed necessary).

Step 6: Case Closure

At some point in time, the case management of service seeker stops. This is called case closure.

Objective

The objective of this step is to close the programme by identifying the situation of no requirement for continuation of services to the child due to risk mitigation or other reasons.

Reasons of Case Closure:

- If the goal of case plan is fulfilled (reviewing that the child is in normal situation)
- If there is overall improvement in the child's situation (if the objective of case management have been fulfilled)
- If the child is reunited in the family or provided with legal parenthood
- Completion of one year after the family and alternative rehabilitation
- After the child entering into adulthood
- If the child does not want to take the services
- If the child/family denies/disagrees to the additional assistance
- If the child or parent leaves the residence
- If the child runs away
- If the child/service seeker dies
- If any other.....

Things to be considered before case closure

- Before the case closure, it is necessary to undertake comprehensive assessment of the case by organizing the meeting of Social Worker, child, his/her family, relative, teacher, service provider or community development organization. Case closure.
- The child, family or care-giver should be involved in the endorsement of the decision of plan, process and case closure.
- If it is required, it is necessary to establish a link between the child, his/her family and the programme for the assistance from the programme of Primary Service Provider and the community. Such as income generating activities, scholarship, participation in Child/Youth Club and etc.

Situation of Case Closure:

- A policy is being prepared in written form regarding case closure by the Primary Service Provider, Local Child Rights Committee or Municipality or Rural Municipality and the case closure export. This policy outlines other norms and standards that determine brief requirements of successful improvements of situation and appropriateness of case closure.
- The Primary Service Provider recommends for case closure to the Child Welfare Officer (CWO) or the designated focal person of Local Level- Rural Municipality or Municipality for approval. It is required to mention about the provided, the present situation child and reasons for case closure in the recommendations.

- The Primary Service Provider should explain that the child is safe and no other services are required on the basis of above mentioned points and by under taking reassessment. No cases can be closed without taking approval or authentication of the Child Welfare Officer or the designated focal person of Rural Municipality or Municipality. It is required to discuss with the child and his/her family about the reasons behind case closure and other potential services before the case closure.

What formats are to be filled up in this step?

- Case Closure Form (10)

Case Management File of Individual Child

Case File

- There is a paper record file for each individual child.
- Each child has an identification number.
 - Record of personal detail of the child is maintained in the case file. The Child Welfare Officer provides the code for every child. For example if the code is 27 XYZ 0001 (27 denotes the Kathmandu district as per the Central Bureau of Statistics. Similarly, and XYZ stands for Primary Service Provider (PSP), i.e., three alphabets for the name of PSP; and 0001 means number of the case).
 - There is a case file with all necessary forms and relevant records.

Note: District Code & Coding for Sakriya Project PSP/CSO for Reference

• Province 2:

- Saptari: 15 STS 0001
- Dhanusha: 17 ASM 0001
- Mahottari: 18 CPO 0001
- Sarlahi: 19 SDC 0001
- Rautahat: 32 RDC 0001

• Province 5:

- Kapilvastu: 50 DHR 0001
- Rolpa: 53 HRC 0001
- Dang : 56 BAS 0001
- Banke: 57 BUC 0001
- Bardiya: 58 TWC 0001

• Province 3:

- Sindhupalchowk: 23 MNK 0001
- Lalitpur: 24 UMS 0001
- Bhaktapur: 26 CDS 0001
- Dhading: 30 PRS 0001
- Makawanpur: 31 GMS 0001

Documents to be attached in the Individual Case Files of Children as per the Improved Formats

1. Identification Form

Case Report No.....

Date of Reporting.....

Case File Detail

Who reported?

- ☐ Child
- ☐ Family Member
- ☐ Community Member
- ☐ School
- ☐ Health institutions

- ☐ Local Child Rights Committee
- ☐ Ward Child Rights Committee
- ☐ Child Club
- ☐ Other (Specify) _____

To whom it was reported?

- ☐ Women and Children Section
- ☐ Primary Service Provider
- ☐ Social Worker
- ☐ Other (Specify) _____

Case Description

Sex

- ☐ Male
- ☐ Female
- ☐ Other

Age:

- Is it approximate age?
- ☐ Yes ☐ No

DOB:

Present Address

District _____

Rural/Municipality _____

At Following Risk

- ☐ To be unaccompanied/unaccompanied child
- ☐ To be separated from family
- ☐ Psychological abuse
- ☐ Sexual abuse (Such as rape, sexual violence, prostitution, pornography)
- ☐ Child marriage
- ☐ Child mother/pregnancy
- ☐ Emotional abuse
- ☐ Child labor
- ☐ Children under 15 years having no appropriate care (such as more than 8 children in the household, care taker who is drug addicted, care taker who is unaccompanied and at risk-having physical, mental problem, disabled, senior citizen)
- ☐ Child with household chief (but not with because of seasonal migration)
- ☐ Child having no appropriate/safe residence
- ☐ To be in street/working child
- ☐ Involvement with armed force/group in the past
- ☐ To be trafficked/smuggled
- ☐ To be in conflict with law
- ☐ Drug abuse
- ☐ to be disabled
- ☐ To be internally displaced
- ☐ Refugee
- ☐ psychosocial problem
- ☐ serious psychosocial problem
- ☐ serious health problem
- ☐ To be school dropout
- ☐ Other (Specify) _____

Inherent Concerns

- | | |
|---|--|
| <input type="checkbox"/> Unaccompanied/unaccompanied child | <input type="checkbox"/> Child with household head (but in seasonal migration) |
| <input type="checkbox"/> Separated from family | <input type="checkbox"/> Child having no appropriate/safe residence |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Street child |
| <input type="checkbox"/> Sexual abuse (Such as rape, sexual violence, prostitution, pornography) | <input type="checkbox"/> Children Involved with armed force/group in the past |
| <input type="checkbox"/> Child marriage | <input type="checkbox"/> Children Involved with armed force/group in the past |
| <input type="checkbox"/> Child mother/pregnancy | <input type="checkbox"/> Trafficked/smuggled |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> In conflict with law |
| <input type="checkbox"/> Child labor | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Internally displaced |
| <input type="checkbox"/> Children under 15 years having no appropriate care (Such as more than 8 children in the household, care taker who is drug addicted, care taker who is unaccompanied and at risk-having physical/mental | <input type="checkbox"/> Refugee |
| | <input type="checkbox"/> Psychosocial problem |
| | <input type="checkbox"/> Serious psychosocial problem |
| | <input type="checkbox"/> Serious health problem |
| | <input type="checkbox"/> School dropout |
| | <input type="checkbox"/> Other (Specify) |
| | problem, disabled, senior citizen) |

Case Description

All the details for making decision on whether the case has to be filed or not should be ensured by the person who is supposed to lodge the complaint.

Is this case referred to for case management?

☐ Yes ☐ No

If the case has been referred to for case management, has the case detail (name and additional detail address of children) been provided to the designated Primary Service Provider?

☐ Yes ☐ No

Name of the Complainant _____

If it is on behalf of Organization Name of the Organization _____

Address _____

Contact Telephone and Email _____

2. Informed Consent Form

Date of consent Obtained:

Person with who consent was taken

- ☐ Child ☐ Caregiver ☐ Other person to whom children trust
☐ Social Worker ☐ Other (Specify) _____

Was consent taken with children to receive case management service?

- ☐ Yes ☐ No

Consent was taken to store the personal information in case management and give information without disclosing the identity

- ☐ Yes ☐ No

Consent was obtained to share information on case management with other organization for service related provisions

- ☐ Yes ☐ No

Description of consent to share information

Does the person wants to maintain confidentiality while providing case related information to other person/organization?

- ☐ Yes ☐ No

To whom Information should not be provided? government, community, family, other organization, other (specify)	Information to be obtained confidential	Reasons for confidentiality of information other reason to disclose the information if otherwise it harms to oneself or others (specify)

Name of the person who gave consent:

Signature:

Name of Social Mobilizer:

Signature:

Organization:

Date

3. Registration and Initial Assessment Form

Photo

Interview Details	
Date of Interview: _____ Place of Interview _____ District: _____ Ward: _____ Rural/Municipality _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____ interviewee: <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Other person to whom children trust (specify) _____ <input type="checkbox"/> Other (Specify) _____	Name of Interviewee: _____ Telephone No. of Interviewee: _____ Has the children been interviewed by other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of the organization: _____ Is the child provided with Registration No. by the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, No. of Registration provided by the Organization: _____
Introduction of Child	
Full Name: _____ Nick Name: _____ Is there another name given after family separation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, write the name _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Age: _____ Is the age estimated ? <input type="checkbox"/> Yes <input type="checkbox"/> No DOB _____ Please specify if there is any special spot, mark, sign in the body _____ Important documents with the child: <input type="checkbox"/> Birth Registrations <input type="checkbox"/> School Certificate <input type="checkbox"/> School ID <input type="checkbox"/> Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Minor's ID <input type="checkbox"/> Other (specify) _____ Birth Registration Certificate No.: _____ School ID No.: _____ School Certificate No.: _____ Citizenship No.: _____ Passport No.: _____ Minor's ID No.: _____	Present Address District: _____ Ward: _____ Rural/Municipality _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____ Present Telephone No.: _____ Whose phone No. is it? <input type="checkbox"/> Child's own <input type="checkbox"/> Caregiver <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other (specify) _____ Permanent Address District: _____ Ward: _____ Rural/Municipality _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____ Citizenship: <input type="checkbox"/> Nepal <input type="checkbox"/> India <input type="checkbox"/> China <input type="checkbox"/> Bhutan <input type="checkbox"/> Other _____

<p>Marital status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Unaccompanied <input type="checkbox"/> Cohabitation <input type="checkbox"/> Divorced/Separated</p> <p>Occupation (if employed): _____</p> <p>Language: _____</p> <p>Religion: <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Other(specify _____)</p>	<p>Caste/Ethnicity: <input type="checkbox"/> Brahmin/Kshetri <input type="checkbox"/> Janajati <input type="checkbox"/> No</p> <p><input type="checkbox"/> Dalit <input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Not identified</p> <p>Place of Birth</p> <p>District: _____ Ward: _____</p> <p>Rural/Municipality _____</p> <p>Tol/Village/Road/Street/House No.: _____</p> <p>Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.:</p>
--	--

For only Unaccompanied and Separated Child

Place of residence of child before being separated

District: _____ Rural/Municipality _____

Ward: _____ Tol/Village/Road/Street/House No.: _____

Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____

Phone No. of child before being separated: _____

Care System and Family Details

Number of family members (father-mother, brother-sister, don-daughter): _____

Additional information about family: _____

Details of the person with whom the child shows immediacy _____

Present Care System

<p><input type="checkbox"/> Living with at least one (both parents, only mother, only father, mother and step father, father and step mother)</p> <p><input type="checkbox"/> Living with only step mother, only step father, step mother and step father</p> <p><input type="checkbox"/> Living with adopted parents</p> <p><input type="checkbox"/> Living with elder brother(s)/elder sister(s) or husband/wife aged above 18</p> <p><input type="checkbox"/> Living with relative (Specify the relation)</p> <p>* Select from the list of relatives given below:</p>	<p><input type="checkbox"/> Living with foster parents</p> <p><input type="checkbox"/> Living with person other than relatives</p> <p><input type="checkbox"/> Staying at institutional care (Child Home etc.)</p> <p><input type="checkbox"/> In detention</p> <p><input type="checkbox"/> Living with unaccompanied or below 18 children (relative or non-relative)</p> <p><input type="checkbox"/> Other (specify)</p>
--	---

Date of present care started: _____

Additional information regarding present care: _____

Details of Family and Present Caregiver								
S.N.	Full Name	Nick Name	Sex 1. Female 2. Male 3. Other	Date of Birth	Age	Caste/Ethnicity 1. Brahmin/Kshetri 2. Janajati 3. Dalit 4. Muslim 5. Other (specify) 6. Identity not known	Language	Religion 1. Hindu 2. Buddhist 3. Muslim 4. Cristian 5. other (specify)

S.N.	Their Relation with the Child * Select from the list of relatives given below:	Occupation (if employed)	Present Address District, Rural/Municipality, Ward:, Tol/Village/Road/Street/House No, Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.	Phone No. of Present Address	Permanent Address If different from Present Address District, Rural/Municipality, Ward:, Tol/Village/Road/Street/House No, Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.	Phone No. of Permanent Address	Condition of the Person 1. Alive 2. Dead 3. Unknown 4. Abandoned the child (in case of parent)

** Least of Relatives*

Father/Mother

Step father/step mother

Brothers/Sisters

Step Brother/Sister

Husband/Wife

Son/Daughter

Paternal Aunt/Uncle

Paternal Grand Father/Grand Mother

Children of Paternal Aunt/Uncle

Cousin

Maternal Aunt/Uncle

Maternal Grand Father/Grand Mother

Children of maternal Aunt/Uncle

Niece

Other (specify)

S.N.	If dead/abandoned give detail/reason	Date of death/ abandonment	Is the person staying with the child?	Is the person presently a caregiver?	Is the caregiver willing to continue the care? 1. Yes 2. No 3. Information not available at present 4. Not relevant	If yes, for how long?	If the caregiver is not the family member of the child, does he know the child's family?	Note

S.N.	Is the child separated from the person? (Only in the case the person is the parent, and having legal or social obligation)	Did the child stay with person before separation?	Is the child still in contact with the person?	What is the frequency of the contact? 1. No contact at all and it is not known where the person is. 2. No contact at all, but it is known where the person is. 3. Communication sometime 4. Frequent communication	Address of the person known for the last time If different from Present Address District, Rural/Municipality, Ward:, Tol/Village/Road/Street/House No, Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.	Where is the person at present, as the child guess?

Detail of Husband/Wife	
Duration of marriage/relation - in month	Number of son and daughter:
Marital statue at the time of separation (only for unaccompanied and separated child)	
<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> At risk of other types	

Protection Concerns			
<input type="checkbox"/> Situation of the Child: <input type="checkbox"/> Unaccompanied <input type="checkbox"/> Separated <input type="checkbox"/> At other kind of risk			
At following risk <input type="checkbox"/> To be unaccompanied/unaccompanied child <input type="checkbox"/> To be separated from family <input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse (Such as rape, sexual violence, prostitution, pornography) <input type="checkbox"/> Child marriage <input type="checkbox"/> Child mother/pregnancy <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Child labor	<input type="checkbox"/> Neglect <input type="checkbox"/> Malnutrition <input type="checkbox"/> Children under 15 years having no appropriate care (Such as more than 8 children in the household, care taker who is drug addicted, care taker who is unaccompanied and at risk-having physical, mental problem, disabled, senior citizen) <input type="checkbox"/> Child with household chief (but not with because of seasonal migration)	<input type="checkbox"/> Child having no appropriate/safe residence <input type="checkbox"/> To be in street/working child <input type="checkbox"/> Children Involved with armed force/group in the past violence, prostitution, pornography) <input type="checkbox"/> Involvement with armed force/group in the past <input type="checkbox"/> To be trafficking/smuggled <input type="checkbox"/> To be in conflict with law <input type="checkbox"/> Drug abuse	<input type="checkbox"/> To be disabled <input type="checkbox"/> To be internally displaced <input type="checkbox"/> Refugee <input type="checkbox"/> Psychosocial problem <input type="checkbox"/> Serious psychosocial problem <input type="checkbox"/> Serious health problem <input type="checkbox"/> To be school dropout <input type="checkbox"/> Other (Specify)
Inherent Concerns <input type="checkbox"/> Unaccompanied/unaccompanied child <input type="checkbox"/> Separated from family <input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse (Such as rape, sexual violence, prostitution, pornography) <input type="checkbox"/> Child marriage <input type="checkbox"/> Child mother/pregnancy <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Child labor	<input type="checkbox"/> Neglect <input type="checkbox"/> Malnutrition <input type="checkbox"/> Children under 15 years having no appropriate care (Such as more than 8 children in the household, care taker who is drug addicted, care taker who is unaccompanied and at risk-having physical, mental problem, disabled, senior citizen) <input type="checkbox"/> Child with household chief (but not with because of seasonal migration)	<input type="checkbox"/> Child having no appropriate/safe residence <input type="checkbox"/> Street/working child <input type="checkbox"/> Children Involved with armed force/group in the past violence, prostitution, pornography) <input type="checkbox"/> Involvement with armed force/group in the past <input type="checkbox"/> To be trafficking/smuggled <input type="checkbox"/> Conflict with law <input type="checkbox"/> Drug abuse	<input type="checkbox"/> Disabled <input type="checkbox"/> Internally displaced <input type="checkbox"/> Refugee <input type="checkbox"/> Psychosocial problem <input type="checkbox"/> Serious psychosocial problem <input type="checkbox"/> Serious health problem <input type="checkbox"/> School dropout <input type="checkbox"/> Other (Specify)

Types of Disability <input type="checkbox"/> Partially impaired in hearing <input type="checkbox"/> Physical disability <input type="checkbox"/> Other (specify	<input type="checkbox"/> Fully impaired in hearing <input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Partially blind <input type="checkbox"/> Mental disease	<input type="checkbox"/> Fully blind <input type="checkbox"/> Autism
Are there any concerns to be solved immediately? If, yes what assistance are needed?	<input type="checkbox"/> Yes <input type="checkbox"/> Health support <input type="checkbox"/> Food and drink	<input type="checkbox"/> No <input type="checkbox"/> Safety <input type="checkbox"/> Other than food (clothing)	<input type="checkbox"/> Safe care for night stay <input type="checkbox"/> Direct assistance (such as: dialogue, emotional support, information/counseling)
Level of risk: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low			
Additional information:			

4. Detail Assessment Form

Education and Training	
Is the child presently studying in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which grade? _____
Name of School/College _____	Address of School/College _____
If not studying, when did the child discontinue the study? _____	
Reasons behind leaving the study:	
<input type="checkbox"/> Need to assist in work/go <input type="checkbox"/> Child marriage <input type="checkbox"/> Economic problem <input type="checkbox"/> Lack of interest <input type="checkbox"/> Went for foreign employment <input type="checkbox"/> School far away <input type="checkbox"/> Being not aware of importance of education <input type="checkbox"/> Bullying and unwanted behavior of friends <input type="checkbox"/> Pregnant/having child <input type="checkbox"/> Lack of infrastructure <input type="checkbox"/> Violence by teachers <input type="checkbox"/> Other (specify) _____	
Which grade the child has passed? _____	Does the child re-join the school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the type of education does the child attend? _____	
If no, what does the child like to do? _____	
Is the child undertaking other type of education/training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what types of education/training? <input type="checkbox"/> Fast learning <input type="checkbox"/> Preliminary child education <input type="checkbox"/> Vocational training <input type="checkbox"/> Other informal education (specify) _____ <input type="checkbox"/> Other (specify) _____	
Date of school/training started: _____	Period of school/training(in month): _____
Name of school/institution: _____	Address of school/institution: _____
Mention the subject of informal education/training: _____	
What is the performance of child in education/training? _____	
What is the experience of child regarding education/training? _____	
Mention the strength and concerns: _____	
Health, Disability and Nutrition	
Is the child continuing the school education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes in which grade? _____
What is the overall health condition of the child? <input type="checkbox"/> Bad <input type="checkbox"/> Moderate <input type="checkbox"/> Good	
Is there any health problem that the child needs treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please mention: _____	
Is the child taking any medical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please mention: _____	
Is the child going under treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please mention: _____	
Other relevant information (abuse of drug or alcohol)	
What is the neutrinosis status of the child? <input type="checkbox"/> Bad <input type="checkbox"/> Moderate <input type="checkbox"/> Good	
Please mention the strength and concerns: _____	

Psychosocial
What is the overall psychosocial condition of the child? <input type="checkbox"/> Bad <input type="checkbox"/> Moderate <input type="checkbox"/> Good
Physical symptom of the child: <input type="checkbox"/> Common <input type="checkbox"/> Fatigued <input type="checkbox"/> Sleep disorder <input type="checkbox"/> Common pain/discomfort with unknown cause <input type="checkbox"/> Urine in bed <input type="checkbox"/> Other (Specify):_____
Please mention the overall physical condition of the child : _____
Emotional symptoms of the child <input type="checkbox"/> Common <input type="checkbox"/> Very sad <input type="checkbox"/> Desperate <input type="checkbox"/> Over attentive <input type="checkbox"/> Fearful <input type="checkbox"/> Lack of self-esteem/confidence <input type="checkbox"/> Get angry <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Feeling lost <input type="checkbox"/> Regret/feeling shame <input type="checkbox"/> Annoyed _____ <input type="checkbox"/> Love isolation <input type="checkbox"/> Anguish <input type="checkbox"/> Pressurized _____
Please mention the overall emotional condition of the child: _____
Behavioral symptoms of the child? <input type="checkbox"/> Common <input type="checkbox"/> Leave school <input type="checkbox"/> Always crying <input type="checkbox"/> Attempt to suicide <input type="checkbox"/> Stay far from place/activities relating to case <input type="checkbox"/> Ants in pants <input type="checkbox"/> Overly attachment <input type="checkbox"/> Not taking self-care <input type="checkbox"/> Loosing interest in common activities/leave playing <input type="checkbox"/> Stop speaking <input type="checkbox"/> Demand too much freedom <input type="checkbox"/> Slow in skill/behavior <input type="checkbox"/> Change in taste or habit <input type="checkbox"/> Easily stunned <input type="checkbox"/> Other (Specify)_____
Please mention the overall behavior of the child: _____
Intellectual Symptoms of the Child <input type="checkbox"/> Common <input type="checkbox"/> Lack of concentration <input type="checkbox"/> Sudden change in religious faith/decrease in faith <input type="checkbox"/> Thinking of suicide <input type="checkbox"/> Uncomfortable thoughts/ recall of incident/ flash back <input type="checkbox"/> Dilemma <input type="checkbox"/> Worried about future <input type="checkbox"/> Sudden degradation of educational status <input type="checkbox"/> Horrible Dream <input type="checkbox"/> Other (specify)_____
Please mention the overall intellectual status of the child: _____
Social interaction/participation of the child <input type="checkbox"/> Separated <input type="checkbox"/> Having too many friends <input type="checkbox"/> Sudden change in the relation with close persons (such as- family, friend) <input type="checkbox"/> Participation in child group (such as Local Child Club, sports) <input type="checkbox"/> New or changed role (such as taking care of siblings, work, school drop out) <input type="checkbox"/> Respect to others

Please mention about the overall social interaction/participation of the child: _____

How is the relation of the child with family members?

☐ Excellent ☐ Good ☐ Moderate ☐ Bad ☐ Very bad

Please mention about the relation: _____

Whom does the child go with for assistance if he/she encounters problem/concern _____

How does the child face if any problem arises? _____

How does the child spend his/her leisure time?

Please mention about the skill/interest of child: _____

Please mention about strengths and concerns: _____

Is it necessary to send him/her to experts (such as psychologist or psychiatric) for additional assistance?

☐ Yes ☐ No

Normal Development

Is the growth of child normal according to his/her age? ☐ Yes ☐ No

If not, please specify the problem: _____

Care-giver and Present Stay Arrangement

Please mention how the family has ensured the safety of child inside and outside of home: _____

Please mention how the care-giver has provided emotional safety and support to child: _____

Please mention how the care-giver has sufficiently promoted the learning and social development: _____

Please mention how the care-giver has sufficiently provided guidance to the behavior of the child: _____

Factors influencing the Present Living Arrangements :

☐ None ☐ Labor exploitation at present place

☐ Abuse of drug/alcohol at present place ☐ Neglect at present place

☐ Abuse/violence at present place ☐ Gender discrimination at present place

☐ Physical violence at present place ☐ Other (specify) _____

☐ Emotional violence at present place

Issues influencing the capacity of care-givers of the child:

- ☐ None ☐ Only one care-giver with mental illness
- ☐ Care-giver with drug/alcohol addiction ☐ Only one care-giver with disability
- ☐ Only one care-giver with physical illness ☐ Only one old aged care-giver
- ☐ More than 8 children in the household (maximum 5 children of under 8 years, maximum 3 children under 5 years and maximum 1 children under 1 year) ☐ Other (specify) _____

Please state the living condition (such as toilet, bathroom, bed: , safety):

What is the perception of the child about his/her living environment?

Does the care-giver and present living condition offer safe and caring environment to the child?

☐ Yes ☐ No

Please mention the strength and concerns:

Socio-economic Status of the Care-giver

Income Source of Care-giver

Is the income of care-giver sufficient for household expenses? ☐ Yes ☐ No

Does the care-giver get any support from the government or other organizations? ☐ Yes ☐ No

If yes, please specify:

What is the income status of care-giver in comparison with average community?

☐ Above average ☐ Average ☐ Less than average

Capacity to fulfil basic need: ☐ Bad ☐ Moderate ☐ Good

Capacity of sending the child to school: ☐ Bad ☐ Moderate ☐ Good

Please mention the social and community resource that care-giver relies/can rely on for support:

Please mention the strength and concerns:

Legal

Are there any legal issues that influence the child? ☐ Yes ☐ No

If yes, please mention: _____

Detail's of Protection and Other Issues

At following risk

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> To be unaccompanied/unaccompanied child | <input type="checkbox"/> Neglect | <input type="checkbox"/> Child having no appropriate/safe residence | <input type="checkbox"/> To be disabled |
| <input type="checkbox"/> To be separated from family | <input type="checkbox"/> Malnutrition | <input type="checkbox"/> To be in street/working child | <input type="checkbox"/> To be internally displaced |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Children under 15 years having no appropriate care (Such as more than 8 children in the household, care taker who is drug addicted, care taker who is unaccompanied and at risk-having physical, mental problem, disabled, senior citizen) | <input type="checkbox"/> Children Involved with armed force/group in the past violence, prostitution, pornography) | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Sexual abuse (Such as rape, sexual violence, prostitution, pornography) | | <input type="checkbox"/> Involvement with armed force/group in the past | <input type="checkbox"/> Psychosocial problem |
| <input type="checkbox"/> Child marriage | <input type="checkbox"/> Child with household chief (but not with because of seasonal migration) | <input type="checkbox"/> To be trafficking/smuggled | <input type="checkbox"/> Serious psychosocial problem |
| <input type="checkbox"/> Child mother/pregnancy | | <input type="checkbox"/> To be in conflict with law | <input type="checkbox"/> Serious health problem |
| <input type="checkbox"/> Emotional abuse | | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> To be school dropout |
| <input type="checkbox"/> Child labor | | | <input type="checkbox"/> Other (Specify)
_____ |

Inherent Concerns

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Unaccompanied/unaccompanied child | <input type="checkbox"/> Neglect | <input type="checkbox"/> Child having no appropriate/safe residence | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Separated from family | <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Street/working child | <input type="checkbox"/> Internally displaced |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Children under 15 years having no appropriate care (Such as more than 8 children in the household, care taker who is drug addicted, care taker who is unaccompanied and at risk-having physical, mental problem, disabled, senior citizen) | <input type="checkbox"/> Children Involved with armed force/group in the past violence, prostitution, pornography) | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Sexual abuse (Such as rape, sexual violence, prostitution, pornography) | | <input type="checkbox"/> Involvement with armed force/group in the past | <input type="checkbox"/> Psychosocial problem |
| <input type="checkbox"/> Child marriage | <input type="checkbox"/> Child with household chief (but not with because of seasonal migration) | <input type="checkbox"/> To be trafficking/smuggled | <input type="checkbox"/> Serious psychosocial problem |
| <input type="checkbox"/> Child mother/pregnancy | | <input type="checkbox"/> Conflict with law | <input type="checkbox"/> Serious health problem |
| <input type="checkbox"/> Emotional abuse | | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> School dropout |
| <input type="checkbox"/> Child labor | | | <input type="checkbox"/> Other (Specify)
_____ |

[illegible]

Child Labor			
Types of Labor			
<input type="checkbox"/> Domestic labor	<input type="checkbox"/> Factory	<input type="checkbox"/> Farm labor	<input type="checkbox"/> Commercial sex
<input type="checkbox"/> Street children	<input type="checkbox"/> Hotel/restaurant	<input type="checkbox"/> Bonded labor	<input type="checkbox"/> Adult entertainment
<input type="checkbox"/> Transportation sector	<input type="checkbox"/> Quarry	<input type="checkbox"/> Porter	<input type="checkbox"/> Others (Specify)
<input type="checkbox"/> Carpet/embroidery	<input type="checkbox"/> Brick kiln	<input type="checkbox"/> Construction	_____
For how long the child has been involved in labor? - In month _____		For how many hours the children work in a day? _____	
For how many days the children work in a week? _____		Working hour <input type="checkbox"/> Only on day time (6 am to 6 pm) <input type="checkbox"/> Only at night (6 pm to 6 am) <input type="checkbox"/> Day and night	
Daily Ways in Nepali Rupees:		What does the child do with his/her earning?	
Place of work: _____ District: _____ Rural/Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____			
Please describe about the overall working condition of the child _____			
Do the under 18 brothers/sisters of the child work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many of them? _____			
Sexual Violence			
Had penetration (Such as oral, use of material, vagina, anus) happened? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, was it happen within past 120 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Marriage			
Marital Status			
<input type="checkbox"/> Unmarried <input type="checkbox"/> Having plan to marry within 1 month <input type="checkbox"/> Having plan to marry after 1 month <input type="checkbox"/> Married			
If married/having plan to marry is bride/groom more than 20 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If married/having plan to marry, is she pregnant from her future or present husband? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Conflict with Law			
Types of Delinquency	<input type="checkbox"/> Rape	<input type="checkbox"/> Burglary	<input type="checkbox"/> Forest related
<input type="checkbox"/> Murder	<input type="checkbox"/> Attempt to rape	<input type="checkbox"/> Public offence	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Attempt to murder	<input type="checkbox"/> Rape (unnatural sex)	<input type="checkbox"/> Drug	_____
<input type="checkbox"/> Accidental murder	<input type="checkbox"/> Theft	<input type="checkbox"/> Death in road accident	_____

For Unaccompanied and Separated Child - General Information

Date of Separation:

What are the reasons of separations?

- ☐ Earthquake
- ☐ Flood
- ☐ Landslide
- ☐ Fire
- ☐ Conflict
- ☐ Death of care-giver

- ☐ Child affiliated with arm/force and arm group
- ☐ Under others care
- ☐ Arrest and detentions
- ☐ Abandoned by parent

- ☐ Group Migration
- ☐ Permanent migration
- ☐ Temporary migration (access to service, seeking opportunity)
- ☐ Abducted, trafficked

- ☐ Run away from home
- ☐ Accident (Such as missing, lost without any intention)
- ☐ Shifted to safe place in planned way
- ☐ (Other specify)

Description of being separated: _____

Place of separation: District _____

Municipality: _____ Ward: _____

Tol/Village/Road/Street/House No.: _____

Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____

Describe about the travel from the separated place to present place. Such as places reached, means of travel, persons accompanied violence, risk or harm experienced.

Date of arrival in present place:

Does the child continue the present care system? ☐ Yes ☐ No

If no, please specify the reasons:

If no, care system child wants

- ☐ Independent leaving
- ☐ Interim alternative care (such as foster family, child home)

- ☐ Parent, person who has legal or primary social responsibility for care

- ☐ Adopted son/daughter
- ☐ Other relatives

- ☐ Not known
- ☐ Other (Specify)

Place where the child wants to live/has planned: District _____ Municipality: _____

Tol/Village/Road/Street/House No.: _____

Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____

Please provide other detail if necessary

For unaccompanied and separated child - found and/or abandoned			
Date of finding of the child: _____			
Place where the child once to live/has planned: District _____ Municipality: _____ Ward: _____			
Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____			
Please describe how person/family/child home found or received the child:			
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>			
Relation of the person with the child			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step father <input type="checkbox"/> Step mother <input type="checkbox"/> Brother/s <input type="checkbox"/> Sister/s <input type="checkbox"/> Step brother/s	<input type="checkbox"/> Step sister/s <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Paternal aunt <input type="checkbox"/> Paternal uncle	<input type="checkbox"/> Paternal grandmother <input type="checkbox"/> Paternal grandfather <input type="checkbox"/> Children of paternal aunt/ uncle <input type="checkbox"/> Paternal cousin <input type="checkbox"/> Paternal niece <input type="checkbox"/> Maternal aunt <input type="checkbox"/> Maternal uncle	<input type="checkbox"/> Maternal grandmother <input type="checkbox"/> Maternal grandfather <input type="checkbox"/> Maternal uncle /aunt <input type="checkbox"/> Children of aunt <input type="checkbox"/> Maternal nephew <input type="checkbox"/> Maternal niece <input type="checkbox"/> Other (specify) _____
Address of the person who met the child: District _____ Municipality: _____ Ward: _____			
Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____			
Telephone No. of the person who met the child _____			
If the address of the person is not known please mention how he can be made and /or give the name and address of other person who knows him/her: _____			
Are there any personal effects found with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify (Photo, bangle etc.): _____			
If the separation of the child from the family is short (a few months), please write about the area from where he/she may have held based on his/her tongue: _____			
For Unaccompanied and Separated Child - Finding Family			
Does the child want to find out the family members? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please give reasons: _____			

Children's Desire for Finding Family										
Person the child desires to find out										
S.N.	Full Name	Surname 1. Female 2. Male 3. Other	Sex	Date of Birth	Age	Marital Status 1. Unmarried 2. Married 3. Cohabiting 4. Divorced/Separated 5. Widow	Occupation	Citizenship 1. Nepal 2. India 3. China 4. Bhutan 5. Other (specify)	Caste/Ethnicity Group 1. Brahman/Khsetri 2. Janajati 3. Dalit 4. Muslim 5. Other (specify) 6. Identity not Known	Relationship pof the person with the child * please select from the relationship list below

☐ Mother
☐ Father
☐ Step father
☐ Step mother
☐ Brother/s/Sister/s
☐ Step brother/s/ Step sister/s

☐ Paternal aunt/Paternal uncle
☐ Paternal grandmother/grandfather
☐ Children of paternal aunt/uncle
☐ Cousin/niece
☐ Other (specify)

☐ Maternal uncle/aunt
☐ Maternal grandfather grandmother
☐ Children of aunt
☐ Maternal nephew/niece

S.N.	The latest known address of the person <i>District: Municipality: Ward: Tol/Village/Road/Street/House No.: Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.:</i>	Where does the child assume the person is staying	Telephone number of the person	Does the child desire reunion with the person <i>1. Yes, as soon as possible 2. Yes, but sometime latter 3. Could not make decision 4. No</i>	Please mention reasons if yes, but sometime latter/could not make decision/No	Priority of the child to stay with the person <i>1. First preference 2. Second preference 3. Third preference</i>

Please mention if there is any story, song or word the child frequently repeats:

Please mention the special habit of the child that will help the care-giver to identify him/her; (such as sports and internet the child likes):

Additional information to find out:

Conclusion and Recommendation

Does the child desire to find out family members? ☐ Yes ☐ No

Please mention the future desire and goal of the child:

Is it necessary to refer to the expert for further assessment? ☐ Yes ☐ No

Is change necessary in the level of risk of the case?

- | | | |
|---|---|--|
| <input type="checkbox"/> No need of change | <input type="checkbox"/> Yes - from low to moderate | <input type="checkbox"/> Yes - from low to high |
| <input type="checkbox"/> Yes - from low to no risk | <input type="checkbox"/> Yes - from moderate to low | <input type="checkbox"/> Yes - from moderate to high |
| <input type="checkbox"/> Yes - from moderate to no risk | <input type="checkbox"/> Yes - from high to low | |
| <input type="checkbox"/> Yes - from high to moderate | <input type="checkbox"/> Yes - from high to no risk | |

Conclusion and recommendation

Date of assessment: _____

5. Care Plan Form

Symbol No.: _____

Date Agreed on Care plan _____

Overall Goal of Care Plan (SMART)						
Activities to be undertaken	Concerns to be Responded	Responsible Person or Organization	Expected Outcome of the Activities	Follow-up Schedule	Time Line to finish the Activities	Required Resources

Proposed date of Care Plan Review Meeting:.....

(After that Review Meeting should be organized once in every month at minimum)

Persons involved during the preparation of Care Plan		
Name	Relations with the Case (Child Welfare Officer, Child, Caregiver, Family Member, Service Provider, Local Child Rights Committee, Ward Child Rights Committee)	Responsible Person or Organization

If someone does not agree with any of the plan's activities, detail and reasons of it:

Person who reviewed and endorsed:

Date of endorsement:

Note: _____

—

6. Services Form

Assistance Provided to the Child:			
Activities Required	Concerns to be Addressed	Responsible Person or Agency	Expected Outcome of the Activities
<input type="checkbox"/> Alternative care <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Search of family and reunion <input type="checkbox"/> Health support <input type="checkbox"/> Physical health	<input type="checkbox"/> Psychosocial support <input type="checkbox"/> Counseling service <input type="checkbox"/> Disability related assistance <input type="checkbox"/> Food <input type="checkbox"/> Economy/livelihood	<input type="checkbox"/> Vocational training <input type="checkbox"/> Apprenticeship opportunity <input type="checkbox"/> Non-food item <input type="checkbox"/> Formal education	<input type="checkbox"/> Informal education <input type="checkbox"/> Cash support <input type="checkbox"/> Rescue <input type="checkbox"/> Other (specify)
Details of Support Provided			
Is it this the referred support? <input type="checkbox"/> Yes referred <input type="checkbox"/> Not referred - other organization already provided the support		<input type="checkbox"/> Not referred - the organization it self provided the support <input type="checkbox"/> Not referred - support not available	
If Referred, When it was Referred?			
<hr/> <hr/>			
Date of support started: _____			
If support closed, date of closure: _____			
If support interrupted in the middle, date of interruption : _____			
Service provider: _____			
Address of the service provider			
District: _____ Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____			
Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: <hr/>			
Note:			

7. Referral Form

Priority: ☐ Normal ☐ Urgent ☐ Emergency

Referring Organization		Receiving Organization	
Name of Organization : _____		Name of Organization : _____	
District: _____		District: _____	
Municipality: _____ Ward : _____		Municipality: _____ Ward : _____	
Tol/Village/Road/Street/House No.: _____		Tol/Village/Road/Street/House No.: _____	
Name of Social Worker: _____		Name of Social Worker: _____	
Phone number of Social Worker: _____		Phone number of Social Worker: _____	
Email of Social Worker: _____		Email of Social Worker: _____	
Other contact details of Social Worker: _____		Other contact details of Social Worker: _____	
Details of Referred Child			
Registration No.: _____		Address: _____	
Full Name: _____		District: _____	
Nick Name: _____		Municipality: _____ Ward : _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Tol/Village/Road/Street/House No.: _____	
Age: _____ Phone No.: _____		Language: _____	
Date of Birth: _____			
Is the referral of the child being informed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, why? _____			

Reasons for Referring			
Service requested	<input type="checkbox"/> Psychosocial support	<input type="checkbox"/> Vocational training	<input type="checkbox"/> Informal education
<input type="checkbox"/> Alternative care	<input type="checkbox"/> Counseling service	<input type="checkbox"/> Apprenticeship opportunity	<input type="checkbox"/> Cash support
<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Disability related assistance	<input type="checkbox"/> Non-food item	<input type="checkbox"/> Rescue
<input type="checkbox"/> Search of family and reunion	<input type="checkbox"/> Food	<input type="checkbox"/> Formal education	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Health support	<input type="checkbox"/> Economy/livelihood		
<input type="checkbox"/> Mental health			
Please provide the details of support requested:			
Date of support to be provided:			
Reason for requesting the support:			
Note:			

8. Follow-Up Form

Which activity is being followed-up?									
<hr/>									
Is the activity mentioned in the care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Why follow-up? 1. Follow-up of the services provided by Primary Service Provider 2. Follow-up of services referred 3. Follow-up regarding whether the service provided has impacted as expected or not 4. Follow-up of overall situation of child/family 5. Other (specify)	Date of follow-up	How followed-up 1. Home visit as planned 2. Home visit without plan 3. Visit with child/family outside home 4. Telephone conversation with child/family 5. Information from relevant Service Provider 6. Information from informal community group or member 7. Information from Women and Children Office 8. Other (specify)	Is the service already provided?	Details of service provided	Date of service provided	Result of service provided	Is there need of next follow-up?	If yes, when is the follow-up necessary?	Note

9. Review of Case Plan Form

Date of review meeting:		
Is the child present at the review meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please give the reason		
<input type="checkbox"/> Abducted	<input type="checkbox"/> Migrated with family	<input type="checkbox"/> Went to work
<input type="checkbox"/> In School	<input type="checkbox"/> Went for another care management	<input type="checkbox"/> Married
<input type="checkbox"/> Detente child	<input type="checkbox"/> Went to friend's/relative's/place	<input type="checkbox"/> Other (specify)
Please review and evaluate of the progress achieved on the overall goal of care plan		
<hr/> <hr/> <hr/>		
Please mention the overall situation (progress and challenges) of the action for the case and service delivery		
<hr/> <hr/> <hr/>		
Note		
<hr/> <hr/> <hr/>		
Is the next assessment necessary due to the change in case context? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give detail:		
Is there necessity to add or delete anything in the care plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please give detail:		
<hr/> <hr/>		
Is change necessary in the level of risk of the case?		
<input type="checkbox"/> No need of change	<input type="checkbox"/> Yes - from low to moderate	<input type="checkbox"/> Yes - from low to high
<input type="checkbox"/> Yes - from low to no risk	<input type="checkbox"/> Yes - from moderate to low	<input type="checkbox"/> Yes - from moderate to high
<input type="checkbox"/> Yes - from moderate to no risk	<input type="checkbox"/> Yes - from high to low	
<input type="checkbox"/> Yes - from high to moderate	<input type="checkbox"/> Yes - from high to no risk	
Description of changes in the level of risk:		
<hr/> <hr/>		
Do you recommend for case closure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Give reasons for recommendation:		
<hr/> <hr/> <hr/> <hr/>		

10. Case Closure Form

Reasons for closing the case		
<input type="checkbox"/> The goal achieved as mention in care plan, the care giver is taking care of the child appropriately and the child is safe <input type="checkbox"/> Child attended 18 years of age <input type="checkbox"/> Child/family do not desire the support and there is no reason to go against their desire <input type="checkbox"/> The child family migrated to other district and it is not possible to transfer the case to that district's authority/Primary Service Provider who is responsible for case management <input type="checkbox"/> Reunited/completed 1 year of alternative care, monitored wants in each 12 weeks at minimum, the child fully reintegrated, the child and care giver fully satisfied and all other activities of care plan implemented <input type="checkbox"/> Death of the child <input type="checkbox"/> Other specify		
Case closure date:		
Care management at the point of case closure		
<input type="checkbox"/> Stay with at least one of the parents (both parents, only with only mother, with only father, with mother and step father, with father and step mother) <input type="checkbox"/> Stay with only step mother, with only step father, with step mother and step father <input type="checkbox"/> Stay with adopted parents <input type="checkbox"/> Stay with brother/sister or husband/wife aged 18 or above <input type="checkbox"/> Stay with relative (specify the relation) * Please select from the list of relative below	<input type="checkbox"/> Stay with foster parent/s <input type="checkbox"/> Stay with the person who is not relative <input type="checkbox"/> Under the institutional care (child home etc.) <input type="checkbox"/> In detestation <input type="checkbox"/> Unaccompanied or stay with children (relative or non relative) under 18 years of age <input type="checkbox"/> Other (specify)	
Is this the permanent care management? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Present situation of the child: _____		
Do the child and family agree to close the case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, why?		
Persons involved in the case closure decision:		
<input type="checkbox"/> Service Provider <input type="checkbox"/> Child Welfare Officer <input type="checkbox"/> Ward Child Right's Committee	<input type="checkbox"/> Child <input type="checkbox"/> Local Child Right's Committee <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Family/parent of child <input type="checkbox"/> Women and Children Section
If there are any questions, concern or necessity of support, are the child and family instructed to home to contact?		
* List of Relatives <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step father <input type="checkbox"/> Step mother <input type="checkbox"/> Brother/s/Sister/s <input type="checkbox"/> Step brother/s/ Step sister/s </div> <div> <input type="checkbox"/> Paternal aunt/Paternal uncle <input type="checkbox"/> Paternal grandmother/grandfather <input type="checkbox"/> Children of paternal aunt/uncle <input type="checkbox"/> Cousin/niece <input type="checkbox"/> Other (specify) </div> <div> <input type="checkbox"/> Maternal uncle/aunt <input type="checkbox"/> Maternal grandfather grandmother <input type="checkbox"/> Children of aunt <input type="checkbox"/> Maternal nephew/niece </div> </div>		

11. Feedback Form

Date: _____ Name of Interviewer: _____ Position: _____		
Organization: _____ Other person present: _____		
How did you know that social service is available?		
<input type="checkbox"/> Child help line	<input type="checkbox"/> Parents	<input type="checkbox"/> School
<input type="checkbox"/> Friends	<input type="checkbox"/> Local Child Rights Committee	<input type="checkbox"/> Other (specify) _____
What kind of support do you expect from Social Worker?		
<input type="checkbox"/> Counseling/psychosocial support	<input type="checkbox"/> Economic or material support	<input type="checkbox"/> Case management
<input type="checkbox"/> Education	<input type="checkbox"/> Support (health, security, legal or other service provider)	
<input type="checkbox"/> Protection	<input type="checkbox"/> Other (specify) _____	
Is your expectation fulfil? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you tell whether your expectation is fulfilled or not? _____		
Did the Social Worker help you for access to other services?		
<input type="checkbox"/> Yes <input type="checkbox"/> No, because there was no need of other services <input type="checkbox"/> No (specify) _____		
Did the Social Worker behave respectfully with you?		
<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify) _____		
Did you feel any time that the social worker gave pressure to make decision or do work that you did not like? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify _____		
The Social Worker helped you to solve your problem.		
<input type="checkbox"/> Absolutely right <input type="checkbox"/> Partially right <input type="checkbox"/> Absolutely wrong <input type="checkbox"/> Partially wrong		
The Social Worker explained you in a way to understand easily.		
<input type="checkbox"/> Absolutely right <input type="checkbox"/> Partially right <input type="checkbox"/> Absolutely wrong <input type="checkbox"/> Partially wrong		
The Social Worker involved you in the decision making process.		
<input type="checkbox"/> Absolutely right <input type="checkbox"/> Partially right <input type="checkbox"/> Absolutely wrong <input type="checkbox"/> Partially wrong		
The Social Worker facilitated you to share your experience and request for help.		
<input type="checkbox"/> Absolutely right <input type="checkbox"/> Partially right <input type="checkbox"/> Absolutely wrong <input type="checkbox"/> Partially wrong		
The Social Worker trusted what i told him/her.		
<input type="checkbox"/> Absolutely right <input type="checkbox"/> Partially right <input type="checkbox"/> Absolutely wrong <input type="checkbox"/> Partially wrong		
The Social Worker blamed me for my experience.		
<input type="checkbox"/> Absolutely right <input type="checkbox"/> Partially right <input type="checkbox"/> Absolutely wrong <input type="checkbox"/> Partially wrong		
The Social Worker fulfilled the work what he/she promised.		
<input type="checkbox"/> Absolutely right <input type="checkbox"/> Partially right <input type="checkbox"/> Absolutely wrong <input type="checkbox"/> Partially wrong		
I got help in time.		
<input type="checkbox"/> Absolutely right <input type="checkbox"/> Partially right <input type="checkbox"/> Absolutely wrong <input type="checkbox"/> Partially wrong		
I got useful information.		
<input type="checkbox"/> Absolutely right <input type="checkbox"/> Partially right <input type="checkbox"/> Absolutely wrong <input type="checkbox"/> Partially wrong		
I felt good after working with the Social Worker.		
<input type="checkbox"/> Absolutely right <input type="checkbox"/> Partially right <input type="checkbox"/> Absolutely wrong <input type="checkbox"/> Partially wrong		
Are there any things that hindered the child/family to come to ask support with the Social Worker?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify: _____		
Do you want to tell me something more about the case management service received by you and your family?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify: _____		

12.A Tracing- Missing Child Form

Detail of the person who has been involved in tracing of missing child		
Name: _____ Nick Name: _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Age: _____ Date of Birth: _____ Citizenship/Passport No.: _____		
Present marital status <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed		
Occupation (If employed): _____ Relationship with missing child: _____		
Caste/Ethnicity: <input type="checkbox"/> Brahmin/Chhetri <input type="checkbox"/> Janajati <input type="checkbox"/> Dalit <input type="checkbox"/> Muslim <input type="checkbox"/> No identity <input type="checkbox"/> Other (specify) _____		
Citizenship <input type="checkbox"/> Nepal <input type="checkbox"/> India <input type="checkbox"/> China <input type="checkbox"/> Bhutan <input type="checkbox"/> Other (specify) _____		
Present address District: _____ Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____ _____ Present Phone Number: _____		Permanent address District: _____ Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____ _____
Is there any message of the tracing person for the child?		
_____ _____ _____		
Details of the child		
Date separated: _____		
Reason of separation?		
<input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Conflict <input type="checkbox"/> Landslide <input type="checkbox"/> Fire <input type="checkbox"/> Death of care giver <input type="checkbox"/> Arrested and detained	<input type="checkbox"/> Child affiliated with arm force and armed group <input type="checkbox"/> Under care of trusty person <input type="checkbox"/> Migration <input type="checkbox"/> Run away from home <input type="checkbox"/> Abandoned <input type="checkbox"/> Abducted/trafficked	<input type="checkbox"/> Transfer from one place to another for safety <input type="checkbox"/> Accident (such as lost, left without intention) <input type="checkbox"/> Other (specify): _____ _____ _____

Place of separation
District: _____ Municipality: _____
Ward: _____ Tol/Village/Road/Street/House No.: _____
Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____
Give detail of cloths or materials carrying when the child was missing

Please write if there is any story, song, word that child often repeats

Please write about the special habit of the child that helps the parent to identify the child. Such as: Sport and interest he/she likes

Additional information that helps tracing

What does the person think about where the child is?

* Note: Please fill-up the Registration and Initial Assessment Form for missing child

12.B Tracing Family Form

Status of Family Tracing						
<input type="checkbox"/> Nothing has done		<input type="checkbox"/> Tracing in operation		<input type="checkbox"/> Verified		<input type="checkbox"/> Reunion completed
<input type="checkbox"/> Prepared for starting tracing		<input type="checkbox"/> Verification in operation		<input type="checkbox"/> In process of reunion		
S.N.	Date of tracing	Tracing work 1. Individual tracing 2. Group tracing 3. Tracing via photo 4. Referred to NGO 5. Referred to International Red Cross 6. Other (specify)	Place of tracing District: Municipality: Ward: Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.:	Details of tracing	Result of tracing 1. Continued 2. Successful 3. Unsuccessful	Details of tracing/future plan if the tracing failed
Responsible Agency for Tracing						
Name: _____						
Address: _____						
District: _____ Municipality: _____ Ward: _____						
Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____						
Phone No. _____						

12 C. Verification Form

Details of person traced: Please ask the following questions to him/her for verification
Name: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Age _____ Date of Birth _____
Present marital status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed
Citizenship/Passport No.: _____ Occupation (if employed): _____
Present Address: District: _____ Rural/Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____
Permanent Address: District: _____ Rural/Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____
Citizenship: <input type="checkbox"/> Nepal <input type="checkbox"/> India <input type="checkbox"/> China <input type="checkbox"/> Bhutan <input type="checkbox"/> Other (specify) _____
Caste/Ethnicity: <input type="checkbox"/> Brahman/Kshetri <input type="checkbox"/> Janajati <input type="checkbox"/> Dalit <input type="checkbox"/> Muslim <input type="checkbox"/> Identity not known <input type="checkbox"/> Other (specify) _____
Country of Birth: <input type="checkbox"/> Nepal <input type="checkbox"/> India <input type="checkbox"/> China <input type="checkbox"/> Bhutan <input type="checkbox"/> Other (specify) _____
Relationship with the missing child: * Please select from the list of relative below
Personal Detail of the Child: Please ask following question to person traced for verification
Name: _____ Nick Name: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Age _____ Date of Birth _____
Does the person recognize the child from the photo (if available) shown? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the photo is not available, Please ask the person about the physical features of the child: _____
What is the name of the father of the child? _____ (Please also ask how the child call to his/her father?)
Is he alive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
Present address of the father: District: _____ Rural/Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____
What is the name of the father of the child? _____ (Please also ask how the child call to his/her father?)
Is he alive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
Present address of the father: District: _____ Rural/Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the

What is the name of other family members? _____		
Are there any other children lost from the family? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of those children: _____		
Place where the child stayed before being accompanied District: _____ Rural/Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____		
Please write the story, song, word that the boy can repeat and the person can mention. _____		
Please write the special habit of the child that the person can mention. Such as sport he/she likes and interest _____		
Please write any important event that the child may have remembered. _____		
Other information of child's life that may help to recognize him /her: _____		
Clothes and goods as described by the person that the child wore/carried at the time when he/she was accompanied (ornaments, hairband): _____		
Date when unaccompanied: _____		
Place where unaccompanied: District: _____ Rural/Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____		
Reasons for being unaccompanied <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Landslide <input type="checkbox"/> Fire <input type="checkbox"/> Conflict <input type="checkbox"/> Death of care-giver <input type="checkbox"/> Child affiliated with arm force and arm group	<input type="checkbox"/> Under care of person trusted <input type="checkbox"/> Arrested and detained <input type="checkbox"/> Abandoned <input type="checkbox"/> Group migration <input type="checkbox"/> Permanent migration <input type="checkbox"/> Seasonal migration (for opportunity, service etc.)	<input type="checkbox"/> Abducted /trafficked <input type="checkbox"/> Ran away from home <input type="checkbox"/> Accident (such as: lost, separated without intention) <input type="checkbox"/> Transfer form one place to another for safety <input type="checkbox"/> If other, please specify _____
Situation at the time when separated (such as how the child was separated, with whom the child was, etc.): _____ _____		
Responsibility of the Care of Child		

Name of the alternative care-giver: _____ Nick Name: _____	
Relationship with the alternative care-giver: * Please select from the list of relation given below: _____	
Present address of alternative care-giver: District: _____ Rural/Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____	
Is there additional information that the child should know for making informed decision about reunification and be prepared for that? Such as important changes, death or birth educational opportunity in the family after the child was accompanied: _____	
Note: _____ _____	
Date of accepting the responsibility care-giving to the child _____	
To be filled up by the social worker after verifying with the person traced	
Does the child recognize the person who requested for verifying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child want reunification with the person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please give reasons: _____	
Does the information provided by the child and the person match? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What do you recommend to do? <input type="checkbox"/> Further tracing <input type="checkbox"/> Long-term alternative care <input type="checkbox"/> Reunification with additional support <input type="checkbox"/> If other, please specify _____	
Please give reasons for your recommendation: _____	
Please give reasons if you provided other recommendation: _____	
Date of verification: _____	
Name of the child in reunification: _____ Signature: _____	
Name of the person in reunification: _____ Signature: _____	
Name of Social Worker: _____ Signature: _____	

* List of Relatives

- | | | |
|---|---|--|
| <input type="checkbox"/> Mother
<input type="checkbox"/> Father
<input type="checkbox"/> Step father
<input type="checkbox"/> Step mother
<input type="checkbox"/> Brother/s/Sister/s
<input type="checkbox"/> Step brother/s/ Step sister/s | <input type="checkbox"/> Paternal aunt/Paternal uncle
<input type="checkbox"/> Paternal grandmother/grandfather
<input type="checkbox"/> Children of paternal aunt/uncle
<input type="checkbox"/> Cousin/niece
<input type="checkbox"/> Other (specify) | <input type="checkbox"/> Maternal uncle/aunt
<input type="checkbox"/> Maternal grandfather grandmother
<input type="checkbox"/> Children of aunt
<input type="checkbox"/> Maternal nephew/niece |
|---|---|--|

Details of the persons with home the child was reunified		
Name: _____ Nick Name: _____ Sex: _____		
Relationship of the child with the person: _____ DOB: _____ Age: _____		
Present Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Cohabitated <input type="checkbox"/> Divorced/separate <input type="checkbox"/> Widowed		
Address of the person with home the child was reunified		
District: _____ Rural/Municipality: _____ Ward: _____		
Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____		
Phone No.: _____		
Place of reunification		
District: _____ Rural/Municipality: _____ Ward: _____		
Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc.: _____		
Phone No.: _____		
How was reunification take place		
<input type="checkbox"/> Informal/ spontaneous <input type="checkbox"/> Individual tracing <input type="checkbox"/> Group tracing <input type="checkbox"/> Mediation <input type="checkbox"/> By means of photo <input type="checkbox"/> Other specify		
Date of reunification: _____		
Was the reunification of the child done with the person who was verified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: _____		
Monitoring schedule: <input type="checkbox"/> Only once <input type="checkbox"/> Daily <input type="checkbox"/> Twice a week <input type="checkbox"/> Once a week <input type="checkbox"/> Once in a forth night <input type="checkbox"/> Once in a month <input type="checkbox"/> Not necessary <input type="checkbox"/> Other (specify): _____		
Date of verification: _____		
Name of the child in reunification: _____ Signature: _____		
Name of the person in reunification: _____ Signature: _____		
Name of Social Worker: _____ Signature: _____		
* List of Relatives <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step father <input type="checkbox"/> Step mother <input type="checkbox"/> Brother/s/Sister/s <input type="checkbox"/> Step brother/s/ Step sister/s </div> <div style="width: 33%;"> <input type="checkbox"/> Paternal aunt/Paternal uncle <input type="checkbox"/> Paternal grandmother/grandfather <input type="checkbox"/> Children of paternal aunt/uncle <input type="checkbox"/> Cousin/niece <input type="checkbox"/> Other (specify) </div> <div style="width: 33%;"> <input type="checkbox"/> Maternal uncle/aunt <input type="checkbox"/> Maternal grandfather grandmother <input type="checkbox"/> Children of aunt <input type="checkbox"/> Maternal nephew/niece </div> </div>		

Care-giver and New Living Arrangement		
How can be the security of child ensure inside and outside home, please specify		
How can the care-giver provide emotional care and support to the child, please specify		
How can the care-giver sufficiently promote for supporting learning and social development, please specify		
How can the care-giver provide sufficient guidance for the child's behavior, please specify		
Issues influencing the new living arrangement <input type="checkbox"/> None <input type="checkbox"/> Drug/alcohol abuse in new living arrangement <input type="checkbox"/> Physical abuse in new living arrangement <input type="checkbox"/> Sexual abuse/violence in new living arrangement <input type="checkbox"/> Emotional abuse in new living arrangement		<input type="checkbox"/> Labor exploitation in new living arrangement <input type="checkbox"/> Gender discrimination in new living arrangement <input type="checkbox"/> Neglect in new living arrangement <input type="checkbox"/> Other (specify): _____ _____
Issues influencing the capability of care-giver who care the child		
<input type="checkbox"/> None <input type="checkbox"/> Drug/alcohol abuse in the family <input type="checkbox"/> Single care-giver with physical illness <input type="checkbox"/> Single care-giver with mental illness	<input type="checkbox"/> Single care-giver with disability <input type="checkbox"/> Old aged single care-giver <input type="checkbox"/> More than 8 children in the household, (<i>Maximum 5 children under 8 years of age, 3 children under 5 years of age and 1 child under 1 year of age</i>)	<input type="checkbox"/> Livelihood problem for care-giver <input type="checkbox"/> Others (specify) _____ _____
Please mention the new living condition (Such as Toilet and bath room, bed, security):		
What is the child's perception about this arrangement?		
Can care- giver and living arrangement ensure safe and caring environment to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please mention about strength and concern		

Socio-economic Condition of the Care-giver
Care-giver's Income Source
Care-givers income source is sufficient for daily subsistence <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the care giver get any kind of support from the government or other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please (specify): _____
How is the income source of care-giver in comparision with average community? <input type="checkbox"/> Above the average <input type="checkbox"/> Average <input type="checkbox"/> Below the average
Capacity to fulfil basic need <input type="checkbox"/> Bad <input type="checkbox"/> Moderate <input type="checkbox"/> Good
Capacity to send the child to the School <input type="checkbox"/> Bad <input type="checkbox"/> Moderate <input type="checkbox"/> Good
Please specify the social and community resources that the care-giver can/rely on support: _____ _____
Please mention the socio-economic strength and concern: _____ _____

13B. New Care Arrangement Form

Is the child placed in the new arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for changing the care arrangement	
<input type="checkbox"/> Abuse and exploitation	<input type="checkbox"/> Education
<input type="checkbox"/> Death of care-giver	<input type="checkbox"/> Ill health of care-giver
<input type="checkbox"/> Poverty	<input type="checkbox"/> Discontinue of relation
<input type="checkbox"/> Missing of care-giver	<input type="checkbox"/> Other (specify)_____
Description about the reasons for changing the care-giver	
<input type="checkbox"/> Stay with at least one of the parents (both parents, only with only mother, with only father, with mother and step father, with father and step mother) <input type="checkbox"/> Stay with only step mother, with only step father, with step mother and step father <input type="checkbox"/> Stay with adopted parents <input type="checkbox"/> Stay with brother/sister or husband/wife aged 18 or above <input type="checkbox"/> Stay with relative (specify the relation) * Please select from the list of relative below	<input type="checkbox"/> Stay with foster parent/s <input type="checkbox"/> Stay with the person who is not relative <input type="checkbox"/> Under the institutional care (child home etc.) <input type="checkbox"/> In detestation <input type="checkbox"/> Unaccompanied or stay with children (relative or non relative) under 18 years of age <input type="checkbox"/> Other (specify) _____ _____
Note: _____	
Detail of Care-giver	
Name: _____ Nick Name: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Age _____ Date of Birth _____	
Address: District: _____ Rural/Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place, school or hospital, etc. _____ Phone No.: _____	
Responsible/Cooperating Agency for New Care Arrangement	
Name of organization: _____ Email of organization: _____	
Address of organization: District: _____ Rural/Municipality: _____ Ward: _____ Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to	

Is this new care arrangement temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If temporary for how long care arrangement has been made? - In month _____			
If temporary please provide detail of permanent plan? (plan for permanent care arrangement)			

If the care-giver is not the child's family member, does he/she know the child's family?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Give details:			

Is the present care arrangement of the child satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, what suggestions do you want to provide? _____			
Does this new care arrangement require additional support? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Give detail: _____			

<input type="checkbox"/> Only once	<input type="checkbox"/> Daily	<input type="checkbox"/> Once a week	<input type="checkbox"/> Once in a forth night
<input type="checkbox"/> Once in a month	<input type="checkbox"/> Not necessary	<input type="checkbox"/> Other (specify	

* List of Relatives

- | | | |
|--|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Paternal aunt/Paternal uncle | <input type="checkbox"/> Maternal uncle/aunt |
| <input type="checkbox"/> Father | <input type="checkbox"/> Paternal Grand mother/grand | <input type="checkbox"/> Maternal grand father/ grand |
| <input type="checkbox"/> Step father | father | mother |
| <input type="checkbox"/> Step mother | <input type="checkbox"/> Children of paternal | <input type="checkbox"/> Children of aunt |
| <input type="checkbox"/> Brother/s/Sister/s | aunt/uncle | <input type="checkbox"/> Maternal nephew/niece |
| <input type="checkbox"/> Step brother/s/ Step sister/s | <input type="checkbox"/> Cousin/niece | |
| | <input type="checkbox"/> Other (specify) | |

14. Rescue Form

Date of reporting to Women and Children Office about the case for rescue: _____		
Person/Agency who reported about the case: _____ Telephone: _____		
Reason for Rescue: _____ Date of Rescue: _____		
Person/organization who rescued the child? Please write full name: _____		
Place of Rescue: District: _____ Rural/Municipality: _____ Ward: _____		
Tol/Village/Road/Street/House No.: _____ Describe the near by marked place to approach to the destination such as religious place. school or hospital.etc.: _____		
Name of the persons in the rescue work		
Name	Position	Organization

Challenges encountered during rescue
Special sign/gesture of child during rescue
Details of belongings with the child during rescue
Process and result of rescue

15. Case Re-open Form

Reason for opening the case	
<input type="checkbox"/> Dismantle of reunification/care arrangement <input type="checkbox"/> Separated form care-giver <input type="checkbox"/> Death of care-giver <input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse (such: as rape, sexual violence, prostitution, pornography) <input type="checkbox"/> Child marriage <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Child labor <input type="checkbox"/> Neglect <input type="checkbox"/> Malnutrition	<input type="checkbox"/> Street child <input type="checkbox"/> Child affiliated with armed force or armed group <input type="checkbox"/> Being trafficked/smuggled <input type="checkbox"/> Being conflict with law <input type="checkbox"/> Drug abuse <input type="checkbox"/> Serious psychosocial tension <input type="checkbox"/> Serious health problem <input type="checkbox"/> Other (specify) <hr/> <hr/> <hr/>
Additional information behind the reason for the situation of case re-opening <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Date of case re-opening: _____	

Case Note

Logo and Stamp of partner organization		Case Note			
Things to be considered	Date of Visit Name of the person talked with and status in the family Some steps you have initiated Advice/recommendations and why				
Case No.					
.....					

1k

Case Management File

ji

Symbol No./Code No. of Case: _____

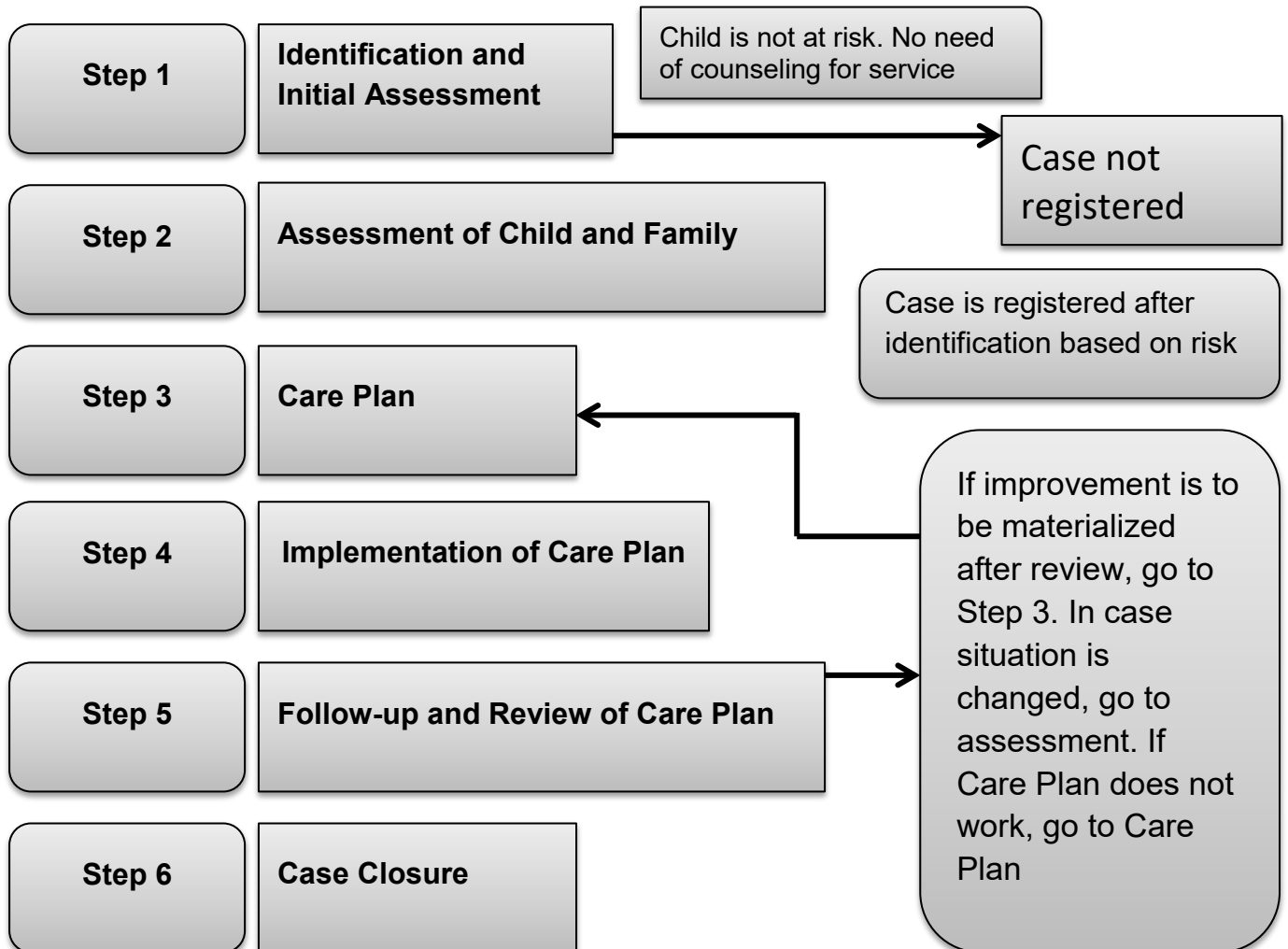
District: _____ Municipality: _____ Ward No.: _____

Name of Primary Service Provider: _____

Address: _____

Phone No.: _____

General Steps of Case Management Process



Guideline for Child's Individual Case File

Introduction:

The task of preparing file with personal information of the child whose case is registered lies under the guideline for child's individual case file. This file helps to monitor by securing all information and records of child's case management. In following situation child's case file should be prepared:

- Case registered by reporting/informing to Child Welfare Officer and Child Protection Officer in relation to the child who needs care and protection.
- Case referred to Primary Service Provider.
- Child who has been referred by Child Welfare Officer for protection and provided with alternative care.
- Child rescued from risk.

Necessary Elements Prior to Preparing the Child's Case File

बालबालिकाको घटना फाइल खडा गर्नु पूर्व आवश्यक तत्वहरु

- **Service Mapping/** (सेवा/स्रोत नक्शाकन)
- **Listing of Primary Service Providers (PSP) and Agreement/** प्राथमीक सेवा प्रदायकको सूची तयारी तथा सम्झौता)
- **Development of Case Management related Forms and Formats/** (घटना व्यवस्थापन संग सम्बन्धीत फारामहरुको निर्माण गर्ने)
- **Resources- Human Resources, Materials, Infrastructure/** (स्रोत व्यवस्थापन: मानविय, आवश्यक सामग्री तथा संरचना)
- **Assigned Focal Person for Case Management for coordination/** (घटना व्यवस्थापनको लागि तोकिएका सम्बन्धीत व्यक्तिको छनौट)
- **Information Management, file management, confidentiality/** (सूचना व्यवस्थापन, फाइल व्यवस्थापन र गोपनीयता)
- **Child Protection Policy/** (बाल संरक्षण नीति)
- **Referral Pathway, Workflow, Networking/Referral channel/** (सिफारिस मार्ग, कार्यप्रवाह, नेटवर्किङ तथा सिफारिस प्रक्रिया)

Case Management File of Individual Child

Case File:

- ❖ There is a paper record file for each individual child.
- ❖ Each child has an identification number.
 - ❖ Record of personal detail of the child is maintained in the case file. The Child Welfare Officer provides the code for every child. For example if the code is 27 XYZ 0001 (27 denotes the Kathmandu district as per the Central Bureau of Statistics. Similarly, and XYZ stands for Primary Service Provider (PSP), i.e., three alphabets for the name of PSP; and 0001 means number of the case).

Note: District Code & Coding for Sakriya Project PSP/CSO for Reference

- **Province 2:**

- Saptari: 15 STS 0001
- Dhanusha: 17 ASM 0001
- Mahottari: 18 CPO 0001
- Sarlahi: 19 SDC 0001
- Rautahat: 32 RDC 0001

- **Province 5:**

- Kapilvastu: 50 DHR 0001
- Rolpa: 53 HRC 0001
- Dang : 56 BAS 0001
- Banke: 57 BUC 0001
- Bardiya: 58 TWC 0001

- **Province 3:**

- Sindhupalchowk: 23 MNK 0001
- Lalitpur: 24 UMS 0001
- Bhaktapur: 26 CDS 0001
- Dhading: 30 PRS 0001
- Makawanpur: 31 GMS 0001

Forms, Documents and Materials used during Steps of General Case Management Process

Following forms, documents and materials should be included in the case file:

- Details and background of child
- Photo of child (as far as possible)
- Description of the child's situation
- Case reporting form delivered to Child Welfare Officer
- Service/assistance referral form
- Care plan form
- Case plan and service review form
- Child and family assessment form
- Family rehabilitation form
- Case closure form
- Other relevant record/Case Note

Forms, Documents and Materials used for providing services to the rescued child during Steps of General Case Management Process

Following forms, documents and materials should be included for providing services to rescued child:

- ❖ Rescue and release record form (B. 2)
- ❖ Request to police for assistance in rescue (B. 3)
- ❖ Request to service provider for assistance in rescue and release (B. 4)
- ❖ Rescue Report
- ❖ Summary of rescue process and referral for services
- ❖ Other relevant records relating to rescue
- ❖ Other relevant records/Case Note

Other relevant records regarding rescue should not be removed from the case file of the organization in concerned district. If the case has to be referred to the Child Welfare Officer/Child Protection Officer of another district the sending district should maintain attested copies.

Forms, Documents and Materials to be used in making Appropriate Transfer-Decision during Case Management

Following forms, documents and materials should be enclosed in the case file for making appropriate transfer-decision:

- ❖ Child-Transfer Request Form (C. 1)
- ❖ Child-Transfer Decision Form (C. 3)
- ❖ Child-Transfer Record Form (C. 4)
- ❖ Child-Transfer Request and Monitoring Form (C. 5)
- ❖ Other information to keep child
- ❖ Other relevant records/Case Note

Documents to be attached in the individual case file of child as per the Revised Forms

Documents to be enclosed in the personal case management file of children as per revised form

- ❖ Details and Background of Children
- ❖ Photograph of Children (if possible)
- ❖ Description of Situation of Children
- ❖ Case reporting Form (1)
- ❖ Informed Consent Form (2)
- ❖ Registration and Preliminary Assessment Form (3)
- ❖ Detail Assessment Form (4)
- ❖ Care Plan Form (5)
- ❖ Assistance Form (6)
- ❖ Service Referral Form (7)
- ❖ Follow-up Form (8)
- ❖ Review Form (9)

- ❖ Case Closure Form (10)
- ❖ Feedback Form(11)
- ❖ Search of Children Form (12.1)
- ❖ Search of Family Form (12.2)
- ❖ Certification Form (12.3)
- ❖ Reunion Form (12.4)
- ❖ New Care Management Assessment Form (13.1)
- ❖ New Care Management Form (13.2)
- ❖ Rescue Form (14)
- ❖ Reopening of Case Form (15)
- ❖ Relevant Record as per need/Case Note

Revised Forms for Case Management

1. Identification
2. Informed Consent
3. Registration and Initial Assessment
4. Detail Assessment
5. Care Plan
6. Services
7. Referral
8. Follow up
9. Review of Care Plan
10. Closure
11. Feedback
- 12.A.Tracing- Missing Child
- 12.B.Tracing-Family
- 12.C.Verification
- 12.D. Reunification
- 13.A. New Care Arrangement Assessment
- 13.B. New Care Arrangement
14. Rescue
15. Re-Open

Group Work:

- Cases-Case Study
- Required forms & formats



Case Meeting and Documentation

- Prepare case management file of the children with information by discussing on information received and cases registered, as well as maintain all information and records of the case management.
- **How do you response the case based on your experience? Enlist the activities for before rescue, during rescue and after rescue.**

Case No.1:

- A number of 5 children aged 13-15 are involved in baking bread in one congested room in a bread industry of Bharatpur from 5 o's clock in the morning to 9 o's clock in the night since past 6 months. They sleep in one corner of the same room at night. The industry owner scolds with bad words and beats them saying that they are not doing their works properly, and they are not paid wages, not allowed to study and go out of the factory premise. In this matter information has been received in the labor office and municipality.
- **How would you address the above case based on your work experience? Enlist the activities that have to be undertaken before rescue, during rescue and after rescue. Please maintain all information, forms and other relevant records of the child relating to case management after discussing on the case that has been informed and registered, and by preparing the file with individual details.**

Case No. 2:

- From the rural area of Makawanpur 2 girls aged 14 were lured by 2 strangers aged 32 one week ago and now they are kept in guest house named ABC at the Narayanghat Bus Park. Information by telephone was received in the Labor Office and Municipality stating that they are at risk.
- **How would you address the above case based on your work experience? Enlist the activities that have to be undertaken before rescue, during rescue and after rescue. Please maintain all information, forms and other relevant records of the child relating to case management after discussing on the case that has been informed and registered, and by preparing the file with individual details.**

Case 3: Role Play & Feedback (Follow Case Management Process)

Situation: Abandoned child found:

- A newly born baby was found by the police while patrolling the border of Dhanusa and Mahottari districts. The baby was sent to the hospital and kept there for a week to be treated. The director of an orphanage came to know about it and went to the hospital with the aim of taking the baby to his orphanage. After being told that he could not take the baby without first fulfilling the legal procedures, the director of the orphanage requested LCRC/WCO to handover the child to him.
- **How would you address the above case based on your work experience? Enlist the activities that have to be undertaken before rescue, during rescue and after rescue. Please maintain all information, forms and other relevant records of the child relating to case management after discussing on the case that has been informed and registered, and by preparing the file with individual details.**

Case 4: Role Play & Feedback (Follow Case Management Process)

Situation: Exploitative labor and violence:

- Mohan, 10 years old, has been working for 6 months in a zari factory but runs away from the factory with the support of a friend. In the factory, he and the other children were forced to work extremely long hours, they were only given little food, and they were often beaten by the employers. The boy tells his story to a community member who reports it to the CPI/social worker. Knowing that a large number of children remain in the factory, exposed to violence and exploitation, the CPI/social worker contacts the police and NGOs to discuss whether to conduct a rescue of the children.
- **How would you address the above case based on your work experience? Enlist the activities that have to be undertaken before rescue, during rescue and after rescue. Please maintain all information, forms and other relevant records of the child relating to case management after discussing on the case that has been informed and registered, and by preparing the file with individual details.**

Case 5: Role Play & Feed back (Follow Case Management Process)

- Child Labor-Returnee from Brick Kiln/Zari (5 Cases)

Case Management Record File

- Case Management Record File
- Prepare Case management File

Case Note

- Case Note is a task to maintain the systematic records of monitoring, discussion and follow-up of the programme carried out time and again in connection with the preparation and implementation of protection plan along with the beginning of case management for mitigating the risk of child who is at risk, and enclose them in case management file.
- While preparing the Case Note it should be mentioned that what recommendation has been made for additional action, including a brief conclusion and appraisal about where, with whom and on what problem it was discussed, what action has been taken upon it?
- It is necessary to pay attention to **SPACER** in order to make write-up of Case Note easier.


What makes good case notes?

SPACER

- **S** : Set the Scene
- **P** : Place the Player
- **A** : Actions
- **C** : Concise
- **E** : Evaluation
- **R** : Recommendation

Use of descriptive, non-judgemental language

Sample of Case Note

साभेदार सस्थाको लोगो तथा छाप		केश नोट		 Terre des hommes tdh.ch	
ध्यान दिनुपर्ने कुरा	भ्रमण मिति कुरा गरिएको व्यक्तिको नाम र परिवारमा हैसियत तपाइले चालेको केही कदम सल्लाह सुझावहरु र किन				
केश न				

Confidentiality & Data Protection

1. Confidentiality & Data Protection

Introduction:

For various reasons the child at risk or the child affected by abuse, exploitation and violence tries to keep his/her information confidential. They may be at risk of abuse, disgrace and discrimination at any time. They can be at harm due to ignorance and lack of information. The harms may include social stigma and discrimination and rejection by the family, deposition from home, probability of harm from the employer/abuser, physical and sexual violence.

In order to provide required assistance to the child, it is essential to discuss about their sensitive information. For helping the child the Case Manager should carefully acquire, protect and use the sensitive information in a way that he/she will not be in trauma, and should maintain confidentiality of the sensitive information.

The sensitive information comprises following details:

Name, age, address, detail of contact and other information such as child and his/her family, health condition of the child, abuse and exploitation experienced in the past, photos, statement and etc.

Confidentiality may be breached due to following reasons:

- by rumours/gossiping
- access of other persons in confidential record
- confidentiality not ensured during interview
- access of other people in computer files and data
- disclosing confidential/sensitive information to media

2. Right to Privacy and Confidentiality

Children's Right to Privacy and Confidentiality:

The stakeholders working with children, Child Welfare Officer and service provider should respect the personal rights of the child in the course of case management. No personal information should be demanded unless the service delivery is not necessary. The child has the right to privacy including his/her identity and personal life, health and others. Various measures have to be taken to maintain secrecy of his/her personal identity. The information revealing the identity of the child and his/her family, such as: name, address or other details should not be disclosed at any cost. The Case Manager should not disclose or discuss publicly until the confidentiality of personal information is ensured.

Information on the Rights to Confidentiality

The child shall be well informed regarding his/her right to maintain confidentiality. The Case Manager should explain him/her the principle and limitations of confidentiality during the first meeting. Informed consent of the parent or child is necessary if any information pertaining to the child is supposed to be given to others.

Information to the Child regarding the use of Personal Data

The Case Manager should clearly explain to the children about where and for what purpose the information provided by the child will be used. Right to disclose the information to others or right to repeal the consent is also entrusted upon the child. The child should be given opportunity to ask question to the Case Manager and be clear.

Limitation of Confidentiality

It is the moral responsibility of the Case Manager to provide confidential information of the child to the relevant agency and person for the best interest of child, for protecting him/her from severe

harms, and for providing essential services and facilities (health, justice, security and etc. In such a situation the Case Manager should provide only the essential information to the concerned agency or person, and take informed consent by informing the child.

Method of Maintaining Confidentiality of Information

While maintaining the information in the record file it is necessary to symbolize with code number instead of mentioning the name of the child, which ensures the non-disclosure of child's real identity. Identity number should be given when providing the verbal, written. Or electronic document of the case. All files should be organized as per the code. Note: the method of coding is given in the Annex. For example: 27 CDS 0001 (27 denotes the Kathmandu district as per the Central Bureau of Statistics. Similarly, CDS - Child Development Society, the Primary Service Provider (PSP), i.e., three alphabets for the name of PSP; and 0001 means number of the case).

Documents

- ❖ Individual file should be maintained providing code number to each case.
- ❖ The Case Manager should organize the child's individual file in a secured manner by keeping it in a locked cabinet so that others cannot access, and its key should be given to only responsible person for keeping.
- ❖ When handing over or dismantling the file, the confidentiality of the child should be guaranteed.

Electronic Details

- ❖ Only the designated staff should have access to personal details.
- ❖ The electronic details should be saved in computer with password, which should be changed time and again and its backup should be maintained on monthly basis.
- ❖ The electronic file of the child should not be kept in personal computer or pen drive, social media, memory of the mobile phone, CD player and etc.
- ❖ A mechanism of protection and confidentiality should be in place for sensitive information. Unnecessary data should be deleted from database and computer.

Information sharing with concerned Service Provider and Others

- Only necessary information should be provided for managerial work.
- Confidential information should be disclosed only taking consent of the child. For that written and verbal consent should be taken with the child.
- Confidential written information should be shared in a shield envelop. Such information should not be provided via email or other electronic means.
- The Primary Service Provider and other service providers should sign in code of conduct developed for maintaining confidentiality.

District Code & Coding for Sakriya Project PSP/CSO for Reference

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- Mahottari : 18 CPO 0001
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- Sindhupalchowk : 23 MNK 0001
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Lumbini Province/Former Province 5:

- Kapilvastu : 50 DHR 0001
- Rolpa : 53 HRC 0001
- Dang : 56 BAS 0001
- Banke : 57 BUC 0001
- Bardiya : 58 TWC 0001

Interview or Dialogue with Media and Others

- Interview should be given to media and other public agencies based on only informed consent of children, their parents or guardians.
- Photos, name and address of family identifying the children should also not be provided.
- Formal written consent is necessary prior to interview, during interview and its publication. The interviewer should inform that their confidentiality and respect will be ensured during interview.
- It should be ensured that procedure of informed consent and interview practice is being followed when taking interview of children in the presence of concerned agency or person.

3. Informed Consent

The objective of this is to take informed consent of children by informing them about the case management procedure. Consent of the child and his/her parent or caregiver should be taken prior to case management. Their approval can be obtained through informed consent. Record should be maintained according to the informed consent received from the child and caregiver.

Informed consent of the child and his/her parent is essential in the following situations:

- While initiating the case management procedure (during preliminary interview and preparing case file)
- While collecting and loading information in the whole period of case management
- While recommending and referring to service provider
- While giving interview to interviewer

Basis for giving Informed Consent

For giving informed consent the child should be capable of and matured in knowing and understanding about proposed services. Until the child becomes mature, the responsibility of giving informed consent is bestowed upon the guardian or parent. Until and unless the child is not able to make self-decision of his/her care and treatment, he/she should be informed about the work in age-appropriate manner. In the process of case management following information should be provided before taking consent of child and caregiver:

- The role and responsibility of Case Manager
- The procedure of case management, its benefits and limitations
- Meaning, necessity and process of case management
- The collection of child related information and safe storage
- Use of information

During the discussion the Case Manager should always provide opportunity of asking questions and putting queries to the child and caregiver.

Consent of Child and Care-giver

In order to obtain informed consent of the child, his/her age and situation must be considered:

- Children 0-5 age group: - Since the children of this age group are not aware of their benefit, information should be obtained from the caregiver or other trustworthy adult. If these persons are not present, Case Manager (Child Rights Officer, Child Welfare Officer) should give the consent.
- Children 6-11 age group: - Since the children of this age group are not fully matured to give informed consent, written consent should be taken with their parent's or caregiver. But the children of this age group can show their interest to participate in the case management process. Information on the services provided in this process should be given to the children. In case the consent of caregiver and guardian is not available, informed consent should be obtained from the adult person with whom the children are familiar and to whom they trust.
- Children 12-14 age group:- The children of this age group may be matured to give consent consciously themselves. However, the parents and caregivers should be involved in decision making process. But informed and written consent should be taken from the children for this. If there is no trust upon parents and caregivers or the Case Manager feels that the best interest of child is not ensured, the consent should be sought from other person to whom the child nominate.
- Children 15-17 age group:- The children of this age group are generally regarded as matured to take decisions. If required, it is good to include the caregiver along with the informed consent of the children in the decision making process. However, the participation of caregiver should be considered in consultation with the children.

Specific Situation

- If the participation of caregiver in the informed consent process is not in favour of best interest of child, the Case Manager should opt to make decision by identifying an adult who is trustworthy to the child after receiving his/her direct consent and taking his consent. The Manager should ensure the best interest of the child with his/her consent by considering his/her age and maturity.

In the following situation the Case Manager should take self decision paying attention to the best interest of child:

- 1) If the child below 15 years of age did not give consent but the caregiver has given it,
- 2) Both of them did not give the consent or
- 3) The child above 15 years of age did not give consent while taking decision, assistance. Should be provided to the child based on his/her age, level of maturity, cultural and traditional practice, presence of caregiver so that he/she can obtain compulsory care and treatment services. While making decision in contrary to the will of child and caregiver, it is determined by the immediate need of the child. For example a child is in danger of life. If the child or caregiver hesitates to carry forward the case management process, it is required to find out its additional causes. Further questions should be asked regarding the hesitation to obtain the service. The Case Manager should discuss about the fear and concerns of the child and caregiver in relation to case management process by providing sufficient time, and give clear and appropriate reply to address the fear and concerns.

Module 5: Psychosocial Support during Case Management and dealing with child survivors

Psychosocial Support during Case Management and dealing with child survivors

- Psychosocial
- Psychosocial Wellbeing
- Psychosocial Problem, Reasons, Symptoms
- Psychosocial Support
- Psychosocial Counseling, Communication Skills- Verbal & Non-Verbal skills, SOLER
- Psychological First aid (PFA)
- Basic Helping Skills during Case Management
- Group Management Skills
- Role Play & Feedback Session
- Self-Awareness and Self-Care
- Free Psychosocial Support and Referral Mechanism (Helpline & Hotline)

Objective of Module 5: PSC, PFA & Self-Care during case management of vulnerable children

Psychosocial Support during Case Management and dealing with child survivors

Objectives of Psychosocial support:

- To provide emotional support
- To support for problem solving

Objectives of Self-care session:

- To ensure self-care
- To balance oneself
- To protect oneself from vicarious trauma/effect
- Try/learn to disassociate to prevent from case effect

Psychosocial

Psychology:

- **Mind** : Thought, Emotion/Feeling, Behavior, Beliefs, Understanding
- **Emotion/Feeling** : anger, jealousy, fear, affection/love, sadness, feelings of revenge, happiness, peace

Social:

- Environment, Culture
- Traditions, Relationships
- Roles and Functions

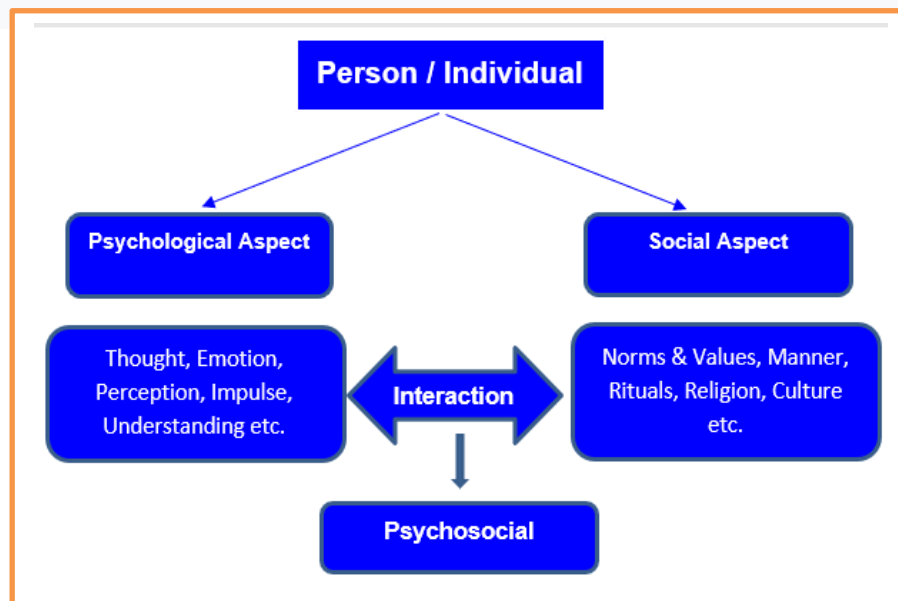
Psychosocial:

Psychosocial is the process of the ongoing dynamic relationship between the individual and society.

Psychosocial

What is psychosocial?

- The term psychosocial refers to the interaction of mind and society. Mind refers to the various aspects of a person's feelings, thoughts, and emotions. While our minds experience different situations at different times, awkward events cause more stress which affects our thinking and emotions. Circumstances that affect our minds are in our society like home, neighbours, friends, work area etc.
- So psychosocial helps to show how different aspects of our society affect our minds according to how we behave and how individual minds interact with different situations in society.



Psychosocial Wellbeing

Every human being grows up in the society; it is natural for him/her to always look for his/her space in the society. Everyone wants his value, respect or dignity in the society at any level. S/he also thinks that s/he can control his/her life as s/he wants. Every person has his/her own determination or goal and s/he wants to achieve that determination or goal. People want connectedness and belonging with other people. Therefore, Psychosocial Well-being is the management of these things in a positive way.

- The following aspects help a person/Individual to become psychosocial capable



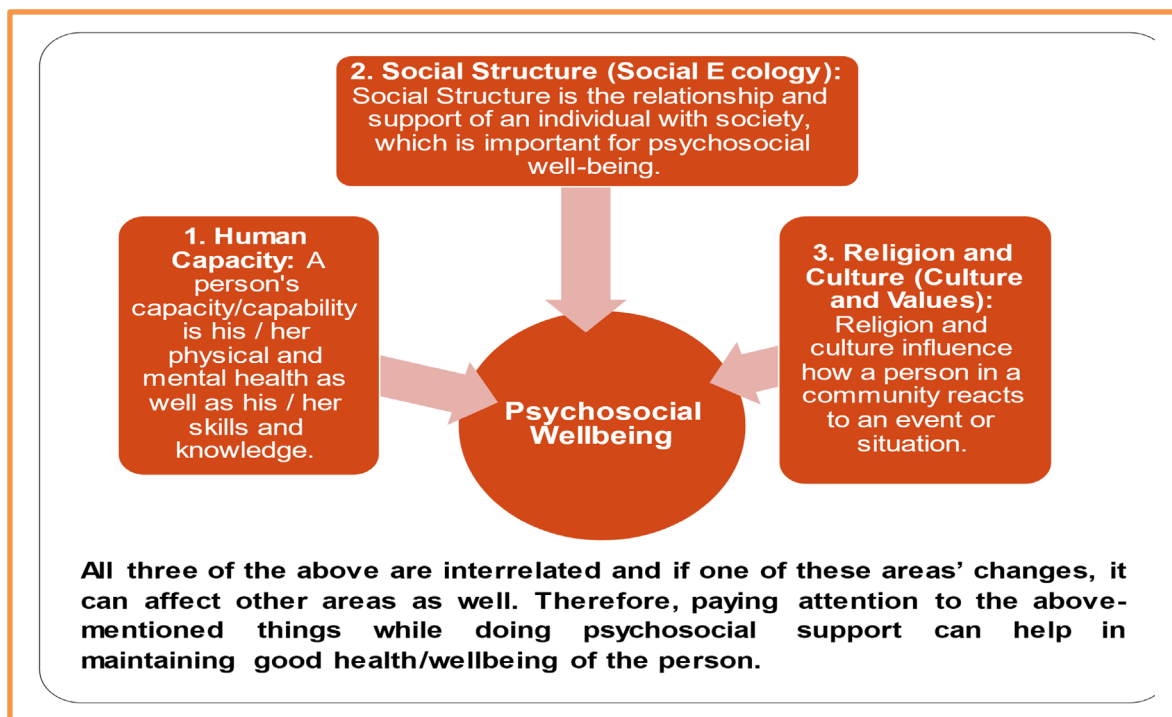
Three factors which influence individual's psychosocial wellbeing.

1. Human Capacity: A person's capacity/capability is his/her physical and mental health as well as his/her skills and knowledge.

2. Social Ecology:

Social Structure (Social Ecology): Social Structure is the relationship and support of an individual with society, which is important for psychosocial well-being.

3. Culture & Values: Religion and Culture (Culture and Values): Religion and culture influence how a person in a community reacts to an event or situation.



All three of the above are interrelated and if one of these areas' changes, it can affect other areas as well. Therefore, paying g attention to the above-mentioned things while doing psychosocial support can help in maintaining good health/wellbeing of the person.

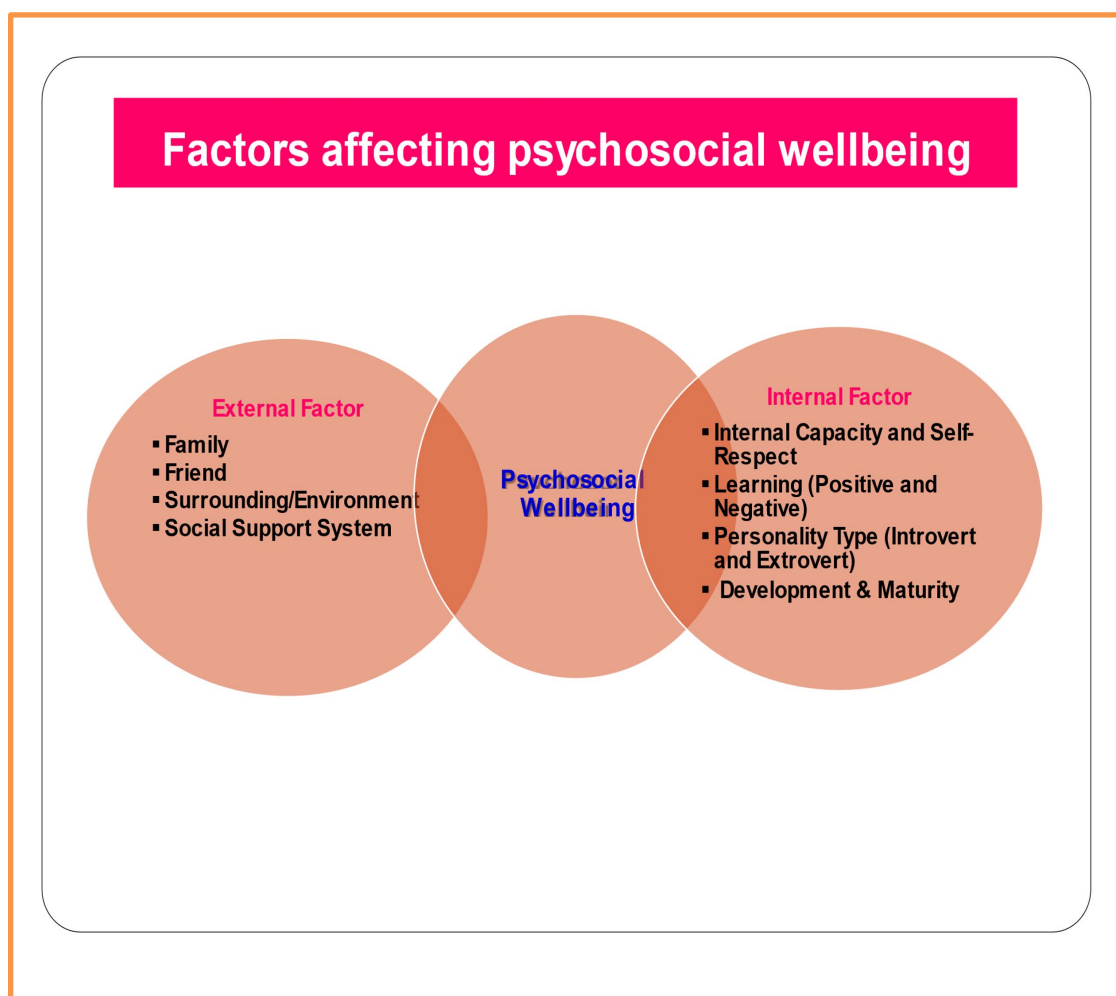
Factors Affecting Psychosocial Wellbeing:

External Factors

- Family
- Friend
- Surrounding/Environment
- Social Support System

Internal Factors

- Internal Capacity and Self-Respect
- Learning (Positive and Negative)
- Personality Type (Introvert and Extrovert)
- Development & Maturity



Five Wellbeing Pillars of Tdh Foundation

Tdh Foundation: 5 Wellbeing Pillars

1. Feeling safe: safety, security, stability
2. Feeling connected: relationships, bonds, and networks
3. Feeling acknowledged, worthy: roles and identity
4. Feeling respected: justice and rights
5. Feeling hopeful: hope and meaning

Psychosocial Problem:

The interaction between the individual and the society has a negative effect on the mind of a person and changes his mind (thoughts, thinking, and perceptions) which causes him/her to behave unusually and also interferes with his/her daily activities.

Psychosocial Problem

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Psychosocial problems are problems that arise from the mismatch between the mind and society,

Or

Problems arising from psychological and social bases are called psychosocial problems.

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Or Problems arising from psychological and social bases are called psychosocial problems.

Reasons of Psychosocial Problems:

The person may have psychosocial problems due to any of the following events or causes.

- Natural disasters - floods, fires, hurricanes, earthquakes, epidemics,
- Violence - Violence against women and children, sexual abuse, abuse, sexual and gender based violence.
- Family quarrels or fights.
- Torture, discrimination, or neglect.
- Failure.
- Accident.
- Family or social separation.
- Chronic disease (chronic disease).
- Weak economic condition.
- Conflict.
- Engaging children in the worst form of labor/work.
- Not appreciating emotions.
- Not having equal participation.
- Unpleasant incidents during childhood, abuse.
- Use of drugs.

Symptoms of Psychosocial Problems

Symptoms of Psychosocial Problem



Anxiety



Insomnia



Living Alone



Too much Anger

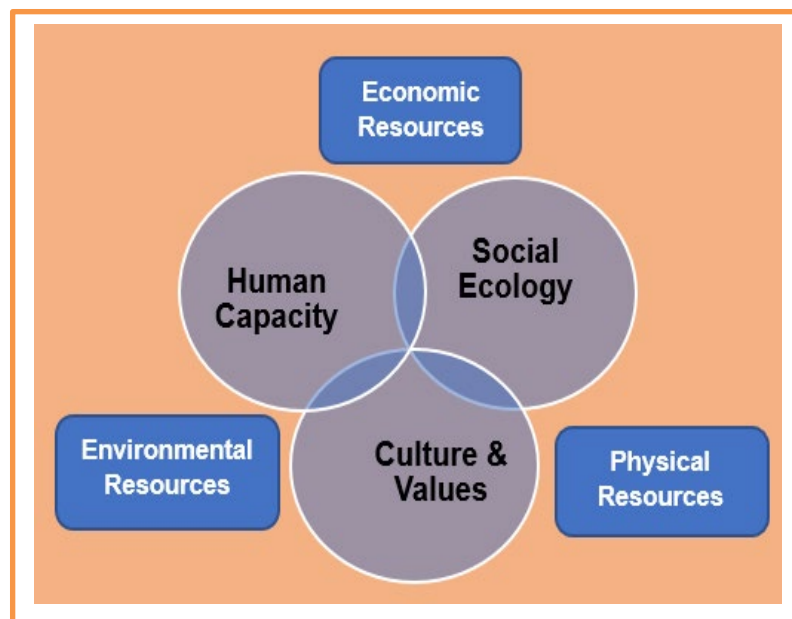
Symptoms of Psychosocial Problems

A. Symptoms and Effects seen in the Mind	B. Physical Symptoms and Effects	C. Symptoms and Effects seen in Behavior	D. Symptoms and Effects of Social Relationships
<ul style="list-style-type: none"> To be sad Pain and stress. Keep worrying Feeling lonely. Suspicious. Get angry Feeling low self-esteem. Being confused and forgetting etc. 	<ul style="list-style-type: none"> Getting tired quickly. Ringing. Diarrhea. Joint pain. Headache, stomachache. Pain in the body. Tingling in the hands and feet. Vomiting. Body heat/body warming . Having high blood pressure etc. 	<ul style="list-style-type: none"> To be quarrelsome/ fighting To be aggressive/ being aggressive. No work/ doing nothing. Likes to be alone. Not speaking or talking too much. Don't like to eat. Drug use. To be restless/ being restless Decreased sexual desire. Sleep disturbances etc. 	<ul style="list-style-type: none"> Deteriorating relationships with other people. Alone or away. To be divorced. Stay away from friends and relatives. Engaging in anti-social activities etc.

Psychosocial support is any local or external support that protects or promotes psychosocial well-being of individual and prevents and treats mental health problems.

Psychosocial Support

Psychosocial support is a method or concept that aims to promote the psychosocial well-being of the individual for whom the work focuses on the relationship with the environment. There are three main factors that affect a person's psychosocial support and wellbeing. They are as follows.



What is Psychosocial Counseling?

Psychosocial Counseling / Counseling

Psychosocial counseling is the counseling or communication between the affected person and the psychosocial counsellor/helper for the purpose of changing the current problem, difficulty, or behavior of the person affected by the psychosocial problem.

Psychosocial Counseling: Psychosocial counseling is a supportive method in which the psychosocial counsellor/helper helps the client/problem affected person to understand the emotional and physical problems of the client and help to differentiate, solve, and deal with the problem.

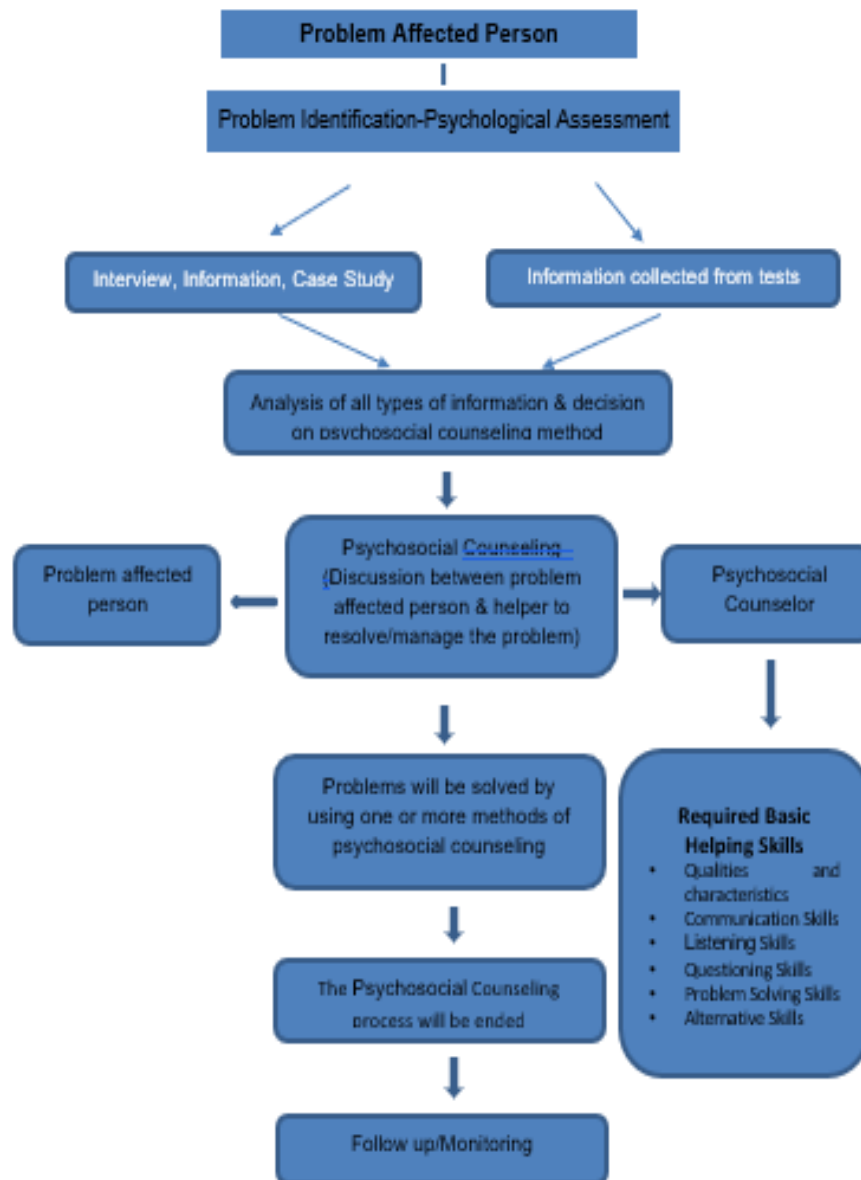
Counseling:

- Counseling is the process of building relationships with individuals that empower them to accomplish mental health and wellness, education, and career goals.
- It is a collaborative relationship between the counsellor and their client. (American Counseling Association-ACA)

Counseling can be provided in different ways:

- Individual Counseling
- Couple Counseling/Marriage Counseling
- Family Counseling
- Group Counseling

Psychosocial Counseling Process



Communication Skills

Communication

Communication Skills

- Verbal Communication Skills
- Non-Verbal Communication Skills

Communication Skills	
Verbal Communication Skills	Non-Verbal Communication skills
<ul style="list-style-type: none">• Active Listening• Questioning Skills• Reflection• Summarization	<ul style="list-style-type: none">• Attentive• Non-Verbal Response/Message• Silence



SOLER:

SOLER Technique: Micro-skills of attentive non-verbal communication during counseling

S: Sitting position / sitting squarely
O: Open posture
Leaning forwards / towards
E: Eye contact (proper / appropriate)
R: Relaxed body language

Psychological First Aid:

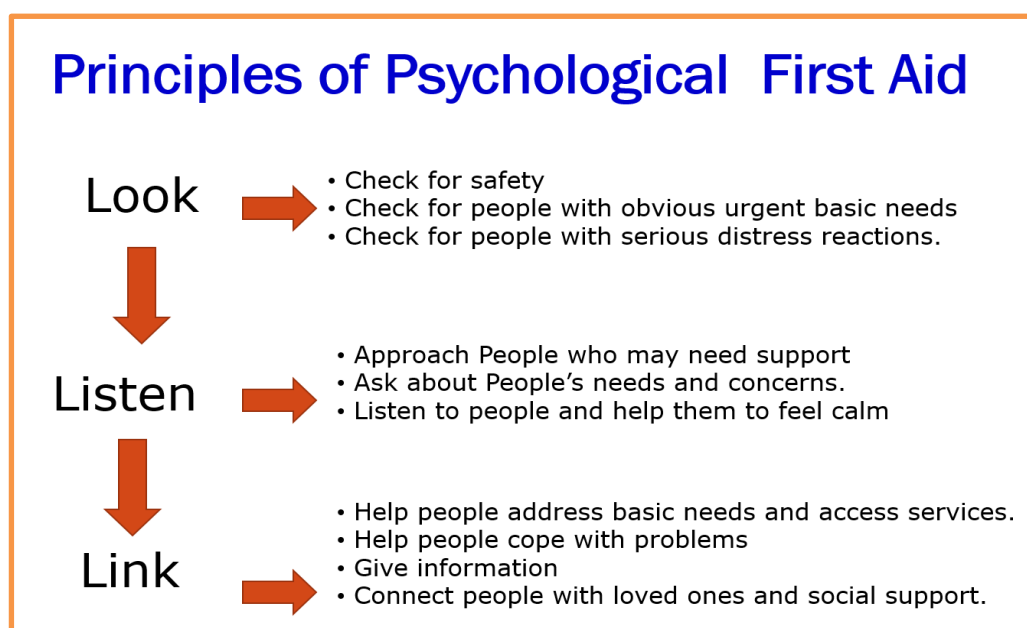
What is Psychological First Aid?

Psychological First Aid is the initial response intervention/ support that are given to minimize the psychological problems caused by various events (natural disasters and man-made events) in the life of a person. In other hand, Psychological First Aid or PFA is an initial response intervention offered to individuals who need help. It is aimed at providing safety, stability and help to survivors of various disasters.

Psychological First Aid: Core Components/Functions

1. Preparedness
2. Contact and engagement
3. Safety and comfort
4. Information gathering
5. Practical assistance

Principles of Psychological First Aid (PFA):



Principles of Psychological First Aid (PFA)

1. Look
2. Listen
3. Link

What actions should be taken for Psychological First Aid?

The most important principles in Psychological First Aid are LOOK, LISTEN and LINK and keeping these in mind the following actions can be taken:

- Provide practical care and necessary support.
- To identify the need.
- Helping to meet a person's basic needs.
- Helping the person to stay comfortable and calm.
- Providing information, services and social support to individuals
- To protect the person from further harm in future

What not to do when providing Psychological First Aid?

- They should not be asked to analyze the details of what happened about the incident.
- The person should not be pressured to give details of the incident.
- They should not be asked to explain how they felt about the incident.

When to provide Psychological First Aid?

- In case of any emergency or crisis.
- Discuss in a group of children about the impact of crisis situation or the aftermath of the crisis.
- Psychological First Aid can be provided in that areas where children are at risk of sexual abuse.

Why do children need Psychological First Aid?

- When children are in crisis, get them out that means to normalize the situation
- To respond differently than usual and to reduce such risks.

What kind of children need Psychological First Aid?

- Children in stressful situations who show unusual behavior.
- Children who need help.
- To prevent severe mental problems that may come in the future.

Who can provide Psychological First Aid?

- Trained staff working in the field of children, educators, social workers, health workers, psychologists, psychosocial workers, Media persons and anyone with training in Psychological First Aid can do it.
- The trained helper should assist based on the three principles of Psychological First Aid- LOOK, LISTEN & LINK.
- It is best to use a local facilitator as much as possible.



How to provide Psychological First Aid?

Preparedness and Assessment:

- Basic things to be considered by helpers when going to help in a disaster or emergency:
 - Getting complete information about the incident (details of what kind of disaster, where, when it happened and what kind of human and material damage has been done).
 - Be aware of the resources, tools, and services that may be available at the site (what basic services are being provided by which organization, such as: food, shelter, health care, etc.). Obtain information on whether the affected person has access to the service facility, whether the local person has participated in the assistance process, or not.
 - Security: Getting information on whether the affected area is safe or not, such as: looting, sexual and gender-based violence, human trafficking activities, identifying groups at risk or at risk from sexual and gender-based violence. Get information on whether it is safe to provide services to helpers or not.
 - Helpers need to move forward to provide services with self-protection and care in mind.

How to provide Psychological First Aid?

- All of the above make it easier to understand the affected area and provide effective psychological first aid. In addition to this, practical assistance can be provided by looking closely at the person and place affected by the problem, listening to them, and then coordinating with the relevant places. Assistance should be based on three principles of psychological first aid – LOOK, LISTEN & LINK.
- Practical Support:
 - Facilitators must introduce themselves as helpers.
 - Immediately protect the affected person.
 - Identify the current condition, problems and needs of the affected person.
 - Assist in accessing local resources and access to meet minimum requirements.



Role Play

Process:

- Select 2 participants
- 1 participant- Counselor/PFA Volunteer/Helper
- 1 Participant- Client
- 1 Participant- Observer
- 2/2 minutes role play by each participant, switching different roles i.e., Helper, Client, Observer
- Give feedback to each participant by adopting Sandwich Model Feedback



Role Play

Review

Self-care

Objectives of Self-Awareness, Self-Care Session

Objectives of Self-Awareness, Self-Care Session

- Take care of yourself
- Balance yourself
- Protect yourself from Vicarious trauma/effect
- Learning and trying to be disassociated to avoid case effect

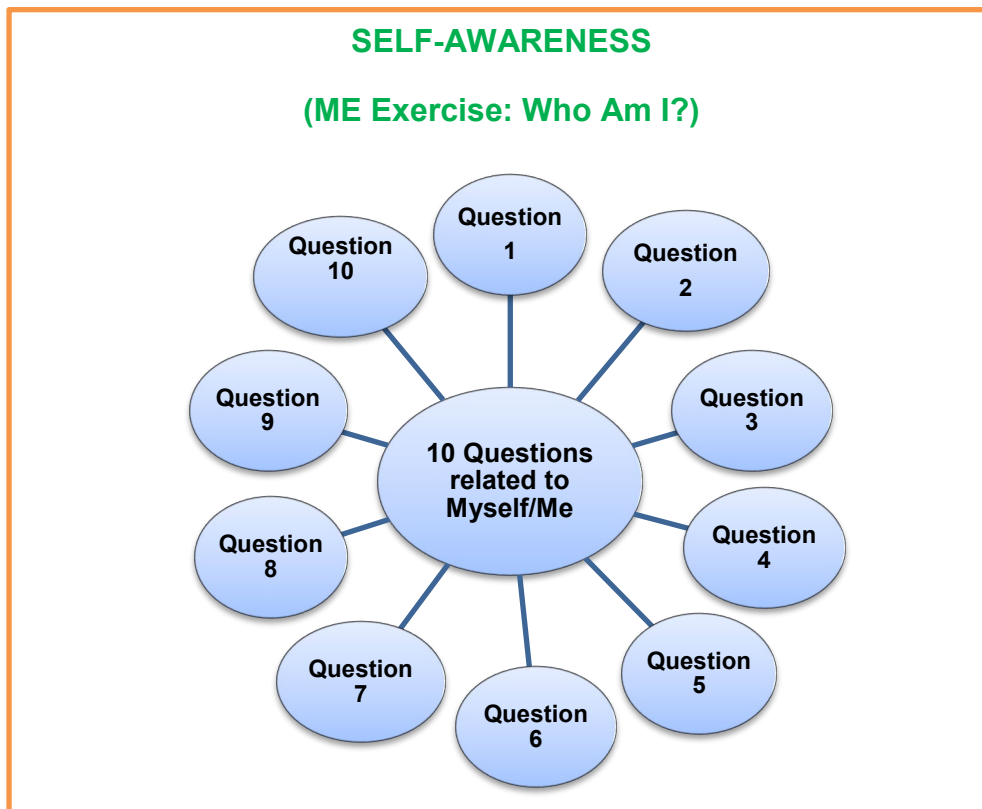
“Burn out”

- Feeling very tired
- Losing mood
- Unable to concentrate
- Physical symptoms (headache, stomach upset)
- Sleep deprivation, sleep disturbances
- Extending your importance. Inattentive to important work. Only focus on helping others. Ignoring your own security and needs.
- Weak/low performance
- Distrusting coworkers or supervisors
- Consume large amounts of alcohol, or smoking

Self-Awareness

Self-Awareness/Self-Awareness related exercises

Me Exercise/Who Am I?



My Responsibility

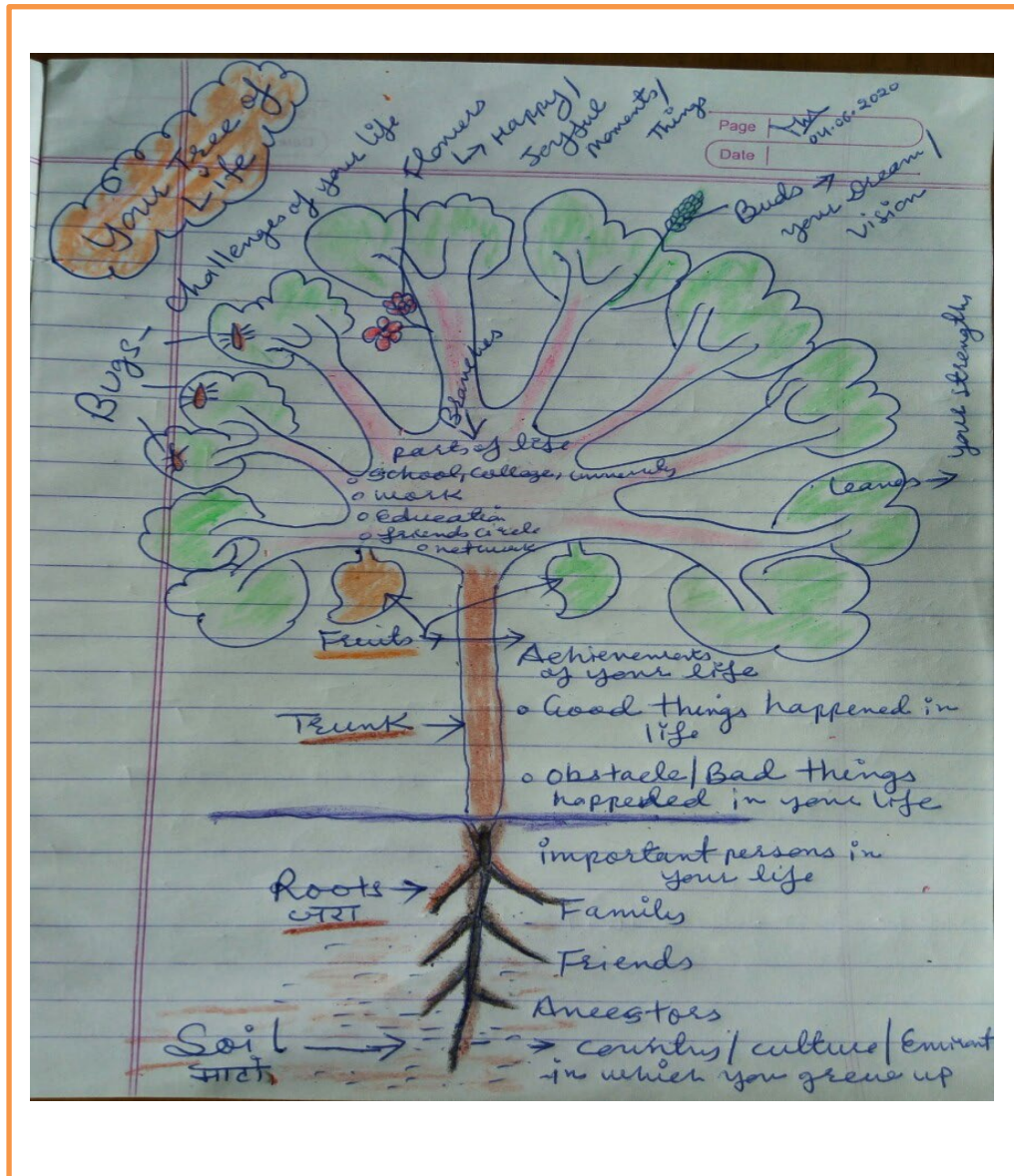


Self-Awareness Exercise

Self-Awareness स्व- पहिचान

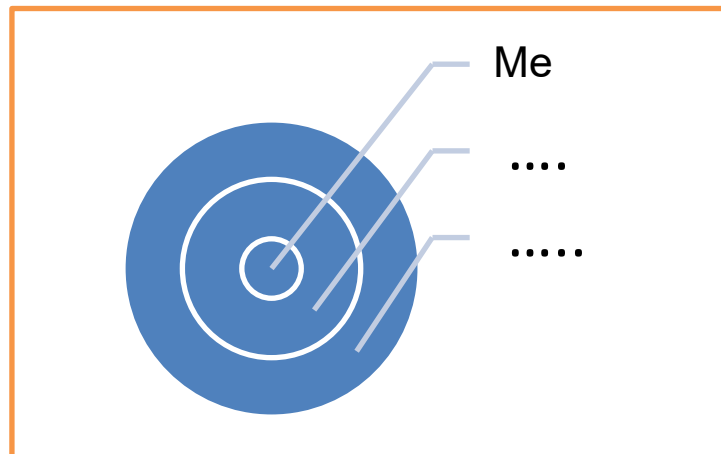


Self-Awareness Exercise



Support System/ Mechanism

My Support System/Mechanism (ME MAP)



Objectives of Self-Care

- Take care of yourself
- Balance yourself
- Protect yourself from Vicarious trauma/effect
- Learning and trying to be disassociated to avoid case effect

Self-care of the Caregiver

Interacting with people on a daily basis can have negative emotions and effects on caregivers / helpers. The easier it is to recognize other people's stress in helping, the harder it is to recognize the stress and impact on yourself. While helping for hidden emotions (such as fear, anger, self-pity) for client, caregivers like other people; they also need care of themselves.

Potential stresses/tensions for caregivers

- Constantly living in scary/frightening experiences
- Physically difficult, exhausting and can be dangerous
- Institutional pressures may come out of your control
- Facing moral dilemmas
- Food, shelter or even personal resources can make you feel bad
- Failure in self-engaged activities/roles (Feeling guilty)
- Unnecessary anger, quarrels, abuse from other people
- There is stress when playing various roles other than caregiver (office, home, family, relatives, mother, father, etc.)

Self-Care:

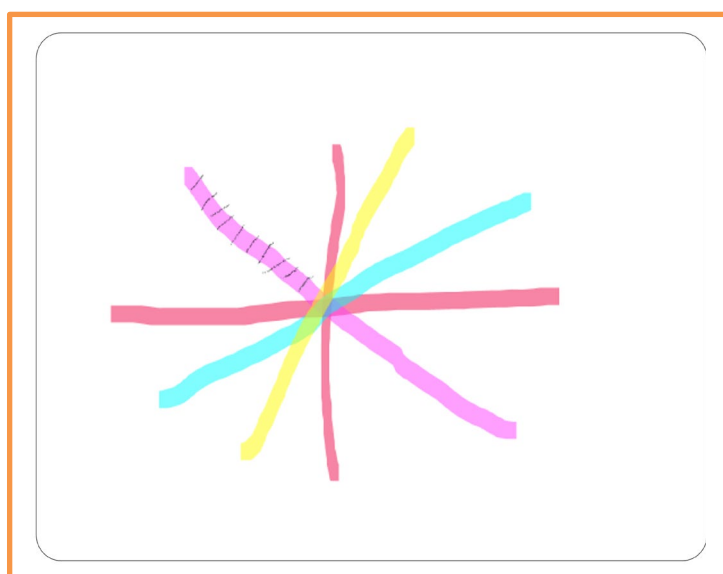
In order to face the challenges in life and solve them by oneself as well as to increase efficiency, people should have high morale, self-confidence, self-esteem, good relationship with each other and have fun and happy life.

Self Care related exercise:

Self-Care Wheel



Self-Care Wheel





Action Plan for Your Self-Care Wheel

Action Plan for Your Self-Care Wheel

 **Brighten Up Your Life!** YOUR COMPANY NAME/LOGO

YOUR NAME: _____

TODAY'S DATE: _____

EXAMPLE

The diagram is a circular arrangement of ten overlapping circles, each containing a label. The central circle is purple and contains the text "Self-Care Wheel". The surrounding circles are arranged in a ring and contain the following labels: Rest, Friend, Job/Work, Education, Personal Development, Family, Spiritual, Entertainment, Exercise, Physical Wellbeing, and Mental Wellbeing.

You Are the In-Charge of your life



Art of Living

Don't Live in the '**Scarcity**' of Anyone,

Don't Live under the '**Influence**' of Anyone,

Don't Live under the '**Pressure**' of Anyone,

This Life is Just Yours.....

Live It in your '**Cool Nature**'.

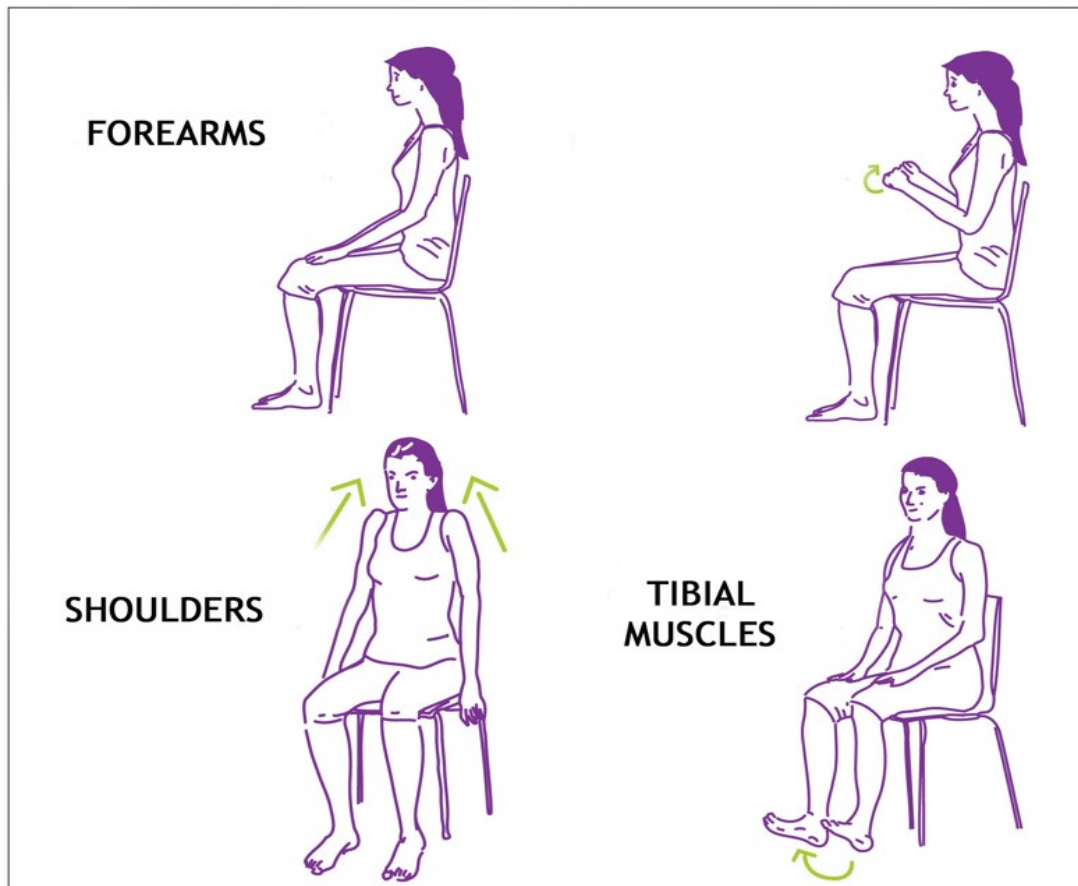
Some Ways to Take Care of Yourself/ Some Self-care Tips:

Especially, individuals tend to take care of themselves physically, emotionally, psychologically and spiritually, but the processes and methods may vary from person to person. Here are some ways to take care of oneself.

- Practice deep breathing
- Share your experiences and feelings with a friend
- Take a walk and observe nature
- Practice progressive muscle relaxation
- Eat a healthy balanced diet
- Meditate and practice mindfulness
- Exercise

- Write in a journal
- Take time off when needed

PROGRESSIVE MUSCLE RELAXATION



Free Psychosocial Support & Referral Mechanism

Free Psychosocial Support & Referral Mechanism



कोशिश

COVID-19 (कोरोना भाइरस) का सम्बन्धमा

निःशुल्क मनोवैज्ञानिक प्राथमिक उपचार तथा मनोपराामर्श सेवा बारे सूचना !

वर्तमान परिस्थितिमा उत्पन्न तनाव, निराशा, अन्योल, डर-त्रास वा अन्य मानसिक समस्याहरुको व्यवस्थापन गर्न कुनै प्रकारको मनोसामाजिक सहयोग चाहिन्छ तल उल्लेखित समय र माध्यममा निःशुल्क परामर्श तथा मनोवैज्ञानिक प्राथमिक उपचार सेवा लिन सकिनेछ ।

 दिपक न्यौपान ९८०५८५६६५७	 सरस्वती मिश्र ९८८९८३८६५९	 नरेश गजुरेल ९८०५८५६६५७
 विनय पाण्डे ९८८००६०६८५	 सजिता पडेल ९८०३९८००३५	 दिउस १० देखि साँझ ४ हरेक दिन
 पियुष गौतम @piyush.gautam.92351995	 संगम सत्री @sangam.khatr1104655	



सेवा लिनुहुने व्यक्तिको पहिचान तथा कुराकानी पूर्णतया गोप्य राखिनेछ ।

मनोसामाजिक सेवा



कोरोना भाइरस लगायतका महामारी वा विपदको समयमा चिन्ता लाग्ने, उदास हुने, डर लाग्ने, भर्को लाग्ने, निद्रामा समस्या आउने, खाना खान मन नलाग्ने जस्ता समस्याहरु देखिन सक्दछन् ।

यो कारणले दैनिक जीवनमा कठिनाई भई समस्या भएमा मनोसामाजिक परामर्शकर्तासँग सहयोग लिन सक्नुहुनेछ ।

मनोसामाजिक परामर्श वा सहयोगको आवश्यकता भएमा पैसा नलाग्ने टोल फ्री नम्बरहरु:

१६६००१२२३२२, १६६००११८५०८०, १६६००१०२००५

वा निःशुल्क हटलाइन नम्बर ११४५

वा अन्य सेवा प्रदायकलाई सम्पर्क गरी मद्दत लिन सक्नुहुन्छ ।

संरक्षण विषयगत क्षेत्रबाट टिपिओ नेपाल, सीएमसी नेपाल र कोशिशद्वारा जनहितमा जारी सन्देश



कोरोनाभाइरस (कोभिड-१९) र मनोसामाजिक सहयोग

के तपाईंलाई कोरोना भाइरसको कारणले गर्दा डर लाग्ने, चिन्ता लाग्ने, भिन्भो लाग्ने, निन्द्रामा गडबढी भैरहेको छ ?

यदि छ भने तपाईं एकलै हुनुहुन्न हामी सबै कोरोना भाइरसको कारणले चिन्तित छौं । यस्ता अवस्थालाई सामना गर्नको लागि स्वस्थ जिवन शैली अपनाउनुहोस् जस्तै नियमित शारिरिक अभ्यास तथा योग ध्यान गर्ने गर्नुहोस् । घर भित्र वा बाहिरका काममा व्यस्त रहनुहोस् र त्यसको एउटा रूटीन बनाउनुहोस् । आफुलाई खुसी बनाउने रुचिका कार्य गर्ने, सरसफाई, खानपान तथा निन्द्रामा ध्यान दिने गर्नु होस् । भरपर्दो जानकारीको श्रोतमा मात्र विश्वास गर्नुहोस् । मनको कुरा विश्वासिलो व्यक्तिलाई भन्नुहोस्, सामाजिक दुरी कायम गर्दै अरुसँग कुराकानी गर्ने र एकअर्काको सहयोग गर्ने गर्नुहोस् ।

आफुलाई अत्याधिक तनाव भएमा अथवा अघि भनिएका जस्ता लक्षणहरुलाई सामना गर्न सहयोग चाहिन्छ जस्तो लाग्छ भने टिपिओ नेपालले सञ्चालन गरेको हेल्प लाईन जुन टोल फ्री नं १६६००१ ० २००५ मार्फत विहान ८ बजे देखि साँझ ६ बजे सम्म सम्पर्क गरी निशुल्क मनोसामाजिक सेवा लिन सक्नुहुनेछ । NTC को नम्बरबाट यसमा फोन गर्दा पैसा लाग्दैन र सहयोगकर्ताले तपाईंका सबै किसिमका व्यक्तिगत सुचनाहरुलाई गोप्य राखी सेवा पुर्‍याउनु हुनेछ ।

संरक्षण विषयगत क्षेत्रबाट युनिसेफ र टिपिओ नेपाल



Suicide Prevention Helpline



**Mental Hospital,
Patan, Lagankhel**

1166

Basic Helping Skills during Case Management Process

Basic Helping Skills during Case Management Process

Some basic helping skills are needed during the case management of children and their families. Before discussing the helping skills of psychosocial counseling, the basic skills required for this are also mentioned in the previous session verbal and non-verbal communication skills, which will help the psychosocial counsellor/ facilitator / helper to communicate with his / her client. It is essential to build a trusting and respectful relationship before providing psychosocial support. In fact, these basic helping skills are the basis of psychosocial counseling and psychosocial support. Without these basic helping skills, the formal psychosocial counseling methods and strategies cannot succeed.

In order to maintain a good relationship with the participant, the psychosocial counsellor/ facilitator / helper must adopt and practice certain qualities and psychological skills. As you study these skills, remember that a close friend or family member first spoke to you about your problem and then expressed gratitude to you. You may have already used these skills while listening to them. These skills can seem very natural, which confirms that you are willing to listen to the participants and help them.

Basic Helping Skills

In brief, here are some psychosocial counseling related basic helping skills during case management process.

- Rapport Building
- Respect of the Participant
- Understanding of Culture, Gender & Language
- Confidentiality
- Communicating Concern/Issue/Problem
- Non-Verbal Communication Skills
- Verbal Communication Skills
- Praising Openness
- Validity
- Putting aside your personal values
- Giving Advice
- Empathy

Rapport Building:

Rapport building is one of the friendly talk or communication which helps to develop good relationship. Rapport building process also helps to create comfort and easy environment for talking/communication between counsellor and client by applying empathetic communication. Rapport building starts from the first counseling session which develops the strong foundation for other therapeutic and psychiatric support in future intervention. Rapport building is very important to create a trusting atmosphere. During the period of rapport building, do not rush and force into a conversation. For example, greeting the client, give your brief introduction and take general information about him / her, etc.

Respect of the Participant:

You should have a genuine wish to help each participant, be open to new ideas and have an interest in listening to other people. Overall, care should always be provided in a way that respects the dignity of the person, is culturally sensitive and appropriate, and is free from discrimination on the basis of race, colour, gender, age, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, sexual orientation, birth or other status. These attitudes are important to form relationships with your participants. Without a good relationship, the intervention is unlikely to benefit your participants.

Cultural, gender and linguistic understanding

Before conducting the group intervention, you should have a good understanding of the local cultures within which you will be working. This is usually not a great problem if you are from the local community yourself or you have a similar cultural background. However, there can be enormous differences within countries, regions and communities. Societies are complex and have many cultural groups and influences, and you may not always be familiar with each culture. This includes gender roles and expectations and various religious beliefs and practices of your participants. At times, you may need to learn more about a person's cultural belief system. You can do this by asking participants about their beliefs and the customs of their group, religion or culture. By asking these questions, you express respect for possible differences and help reduce the chances that you are offending a participant or are missing important information. There may also be times when you decide (with supervision) that it is important to challenge particular cultural beliefs or practices that are clearly harmful (e.g. "rape is the fault of the victim" or "beating the spirit out heals mental illness"). You need to do this with extreme sensitivity so that the participant is still willing to continue with the intervention. Some participants may feel more comfortable being in a group with facilitators and other participants of the same gender. Where possible, you should arrange this. You may also consider the preferred language or dialect of the participants. Again, where possible, participants should be matched with facilitators and other participants who are confident speaking the relevant language or dialect.

Confidentiality

Trust and confidentiality are important in your relationship with all participants. Participants need to know that when they speak openly about personal things, that information is going to remain confidential or private. This is especially important for survivors of intimate forms of traumatic experiences and even more so when there is stigma about the events (e.g. in the case of sexual assault). However, it is also very important for participants to be aware of any legal boundaries to this confidentiality. For example, depending on the laws of the country and the protection and social services systems in place, you may have to break confidentiality and tell the appropriate agency or authority when a participant appears to be at risk of ending their life or of harming someone else, or if they disclose child abuse. If a participant tells you that they are experiencing ongoing violence (e.g. GBV), this must also be discussed with your supervisor so that appropriate action can be taken. This action will depend on the severity of the violence, the willingness of the participant for action to be taken and the services available to support the person in the local setting.

Ongoing supervision is another limit to confidentiality. Through supervision, you will be discussing your participants' problems and progress throughout the intervention with your supervisor and possibly with a team of facilitators (i.e. if you are receiving group supervision). Supervision makes the most of the positive effect of the intervention and you should let the participants know about this limit of confidentiality.

You can say that I will keep the conversation between you and me very secret. Please be assured. But for your safety and support, I will have regular discussions with my supervisors. There is nothing to reveal your identity. My supervisor is experienced, and s/he advises me for your good. Is it okay for you to do this?

As part of confidentiality, it is important that all information about participants (e.g. their assessment results, personal details and so on) is kept in a safe and locked place (e.g. a filing cabinet). One way of achieving confidentiality of information involves not recording personal details (the participant's name and contact details) on the assessment forms. Instead, you can use a code to identify each participant on these forms. You would then need to store all personal details of the participants and their specific codes in a separate document. You should keep this document separate from the assessment and intervention information in another (different) place that should also be locked.

The information taken on the first day of each weekly visit/session should be kept safe. There may also be situations (such as: suicidal thoughts/ideation or plans, where the safety of the client or other person is at risk). In this case, we do not maintain confidentiality and should inform the client / participant / patient that we will talk to the people concerned)

You may say, 'I keep the conversation between you and me a secret, but I am concerned about the thought or plan you have told me that you would like to die. For help, I would recommend a psychosocial counsellor who is trained in this field.'). In some cases, it may be necessary to disclose information required for legal proceedings in which the conversations made during the meeting/visit/session may have to be disclosed.

Communicating concern/Issue/Problem

Communicating concern to your participants is an important skill. Try to understand, as best you can, the situation of each of your participants, including the emotions they are experiencing. At the other extreme, it is also important that you do not get too involved in participants' feelings and take them on as your own. This can cause you to feel stressed and overburdened by your work.

Statements that show concern include the following:

- That sounds like it was very challenging/upsetting/frightening (and so on) for you.
- I can see in your face how painful this was for our.
- You have experienced many difficulties. You went through a lot.
- I can hear how sad/frightening this was for you.

Non-Verbal Communication Skills:

Non-verbal communication skills also communicate to participants that you are listening to them and can also be a way of communicating concern. They include maintaining culturally appropriate eye contact, culturally appropriate nodding of your head and, in most cultures, keeping your posture open (e.g. avoiding crossing your arms and sitting with a stiff position or turning away from the participant). Sometimes showing emotions similar to those of your participant's shows that you are hearing what they are saying. This might mean expressing sadness on your face when they express sadness (because they have teary eyes). You can also use brief verbal indications that you are listening, such as "uh-huh", "okay", "I see" and "mmm". It is important to remember that there can be wide cultural variations to all of the above.

Verbal Communication Skills:

Verbal Communication Skills such as:

- Active Listening

- Questioning Skill- ask open questions
- Paraphrasing
- Repeating key words
- Reflection of Feeling
- Summarizing

Praising openness

To help a participant feel comfortable when talking about personal, difficult or embarrassing topics, try to thank or even genuinely praise them for being so open. This will help a participant for further openness. You may praise participants for their efforts to reduce & manage their problems by using psychosocial counseling strategies and techniques. Male participant may feel discomfort to express their feelings in compared to female participant. Therefore, facilitator should normalize the environment for male participants to express their feelings.

Some examples are shown below:

- Thank you for telling that to me.
- You were very courageous in sharing those intimate feelings with me.
- Although it may have been hard to talk about that with me, I think it will be very helpful for your recovery.
- I can see that you are really trying to practise Managing Stress regularly.
- Use local proverbs or sayings: e.g. you double happiness and halve sorrow by sharing what's on your mind.

Validation and Generalization

Many participants will feel embarrassed talking about their problems with strangers. They might think that no one else feels the same way as they do. They may also think that talking about emotions or personal problems is a sign that they are becoming ill or going crazy, or that they are weak. Some participants might even blame themselves for how they feel. It is important that throughout the intervention you help participants to dispel these myths. You can do this by normalizing their problems by helping them to understand that many other people experience the same reactions and difficulties. This might occur naturally in the group, if other participants share similar difficulties. This is “validating” participants’ problems, which means that you are letting them know that their reactions are understandable. This is a very good way of communicating concern too. However, we recommend that you do not tell participants that you know what they are going through. Although you might be trying to validate their experience, it can have the opposite effect for participants, as they might not believe you.

Some examples of validating are shown below:

- You have been through a very difficult experience and it's not surprising that you would be feeling stressed.
- What you have just described is a common reaction for people to have in these situations.
- Many people I have worked with have also described feeling this way.
- The reactions you have described are very common.
- I am not surprised that you are so scared.

Putting aside your personal values

Demonstrating these basic helping skills will mean that at all times you will need to respect your participants’ personal values and beliefs. This can be challenging, especially when you do not agree with their values or beliefs. You should not judge your participants, no matter what they might say to you. This means not allowing your own personal beliefs or values to influence how you respond to them. The experience of having someone just listen without judgement might be something that a participant has not experienced before and this can greatly help them to trust you.

Giving advice

You should generally not give advice to participants. Giving advice is different from giving your participants important or helpful information (e.g. about legal services or other community organizations that might be helpful). Giving advice means telling a participant what to do or what not to do (e.g. “do not talk to your husband about this”). All facilitators will feel tempted to give advice at some time. This is a very normal temptation. For example, a participant who is feeling very hopeless and showing signs of depression might find the Managing Problems strategy challenging, especially thinking of potential solutions to help with their problems. It would be very tempting to advise this participant what solutions would be good to try. However, you should avoid giving direct advice. If the participant has been relying on your advice, they are unlikely to be able to manage their own problems in the future when they have completed the psychosocial support intervention. Other participants may give advice to each other during the intervention, and this is okay. As a facilitator you do not need to tell other participants not to give advice. One strategy that can be helpful to use in situations where you are very tempted to give advice is to ask participants what they would suggest or say to a close friend or family member who was in a similar situation. For instance, a participant who is very withdrawn and depressed might not seek out social support because they do not want to burden others. Rather than giving advice that they should ask for support and that their thoughts are too negative, you might ask them, “*What would you say to a close friend or family member who was thinking the same? Would you want them to be alone with their problems or ask you for help? And would you feel burdened by that?*” This type of questioning may help the participant to think about their concerns and behaviors from a different viewpoint, without you directly telling them to do something different.

There are two exceptions to this rule about giving advice.

1. When delivering psychosocial support programme, you will be advising participants to become more active, seek social support and practise stress management, as these strategies are part of psychosocial support.
2. When you are teaching the strategy Managing Problems, your aim is to help the participant decide how helpful the potential solutions are in managing the problem. At this stage, participants may have a number of obviously unhelpful solutions (e.g. solutions that cause problems for their emotional or physical health, harmful or illegal acts and so on). You will need to help participants consider whether solutions are helpful or unhelpful. To discourage participants from focusing on an unhelpful solution, you can ask what they would have advised a close friend or family member experiencing this problem to do (e.g. “*Would you have advised them to use this solution?*”). If a participant continues to focus on a solution that is obviously unhelpful (e.g. isolating themselves from others, breaking things, beating their children, getting drunk, doing something illegal), you can be direct and identify these solutions as unhelpful. It will be important for you to give good reasons why a solution is not considered helpful (in other words, by commenting on the problematic or harmful consequences), but these should not be related to your own values.

Empathy:

Empathy is the ability to share someone else’s feelings or experiences by imagining what it would be like to be in that person’s situation. Empathy is a state where the psychosocial counsellor understands the pain of the person affected by the problem and reflects that understanding. Empathy involves listening to the client, understanding his or her feelings or concerns, and communicating this understanding to the client, which can be used properly to make the client feel. Example:

- Client: "I had lost a relative in that incident. I thought (Pause) My heart is pounding, why my relative?"
- Psychosocial Counsellor: I understand, 'You are sad because you have lost relatives' or 'You're so sad to lose a relative.'

Group Management Skills

Group Management Skills:

What you need to know about working with groups

Leading groups in a psychological intervention is very different from working with individuals. There are a number of things you should think about before working with a group.

How to manage a group

Using your basic helping skills is very important when managing a group. The following skills are required while managing the group. For example:

1. Keeping to time without cutting short valuable group discussion
2. Managing participants who dominate sessions
3. Managing distressed individuals
4. Encouraging discussion in a quiet group
5. Managing group discussions that go off-topic or identify unhelpful strategies or strategies outside of Basic Helping Skills
6. Participants disclosing too much information
7. What to do if a participant drops out or attends late or irregularly, etc.
8. Participants experiencing ongoing violence
9. If the participants missed the session/sessions

Additional Information

1. Keeping to time without cutting short valuable group discussion

- Reminding participants about time schedules throughout the intervention is helpful.
- Break times can be used to return to group discussions that you have needed to cut short.

Practical things to consider

1. Number of participants:

- It is recommended that for every six participants you have one facilitator.
- 8 participants in one group are the recommended maximum number.

2. Gender:

- If possible, groups of the same gender are recommended.

3. Age:

- Below 18 years
- Adolescents
- Above 18 years

Make appropriate adaptations/ contextualization. For example: simplify the language, make adaptations to the case examples, etc.

4. Cultural and political issues:

- If possible, include participants of the same cultural, religious and political background.
- When this is not possible, you should be aware of these differences in the group and consider how they might interfere with the group dynamics. For instance, you may need to discuss these differences openly with the group during the group rules discussion in Session 1. At other times, you may need to make sure that participants from the same background are not always sitting together. Finally, you might need to monitor group discussions to make sure that participants are respecting others from different backgrounds or with different beliefs.

- Sometimes you might decide that a group discussion is very important to continue with and so you decide to shorten another section of the session (see example in point below). If you decide to do this, think about how you can make time to cover the topic you have skipped (e.g. ask the group to stay longer, ask the group to arrive earlier the next time, make the breaks shorter, etc.). Always talk with your supervisor about these decisions to make sure that you have not skipped important information.
- For example, a discussion about how one participant is applying a strategy is going on for longer than expected. You decide to continue this discussion because you can see that other participants are also learning about the strategy and how they can apply it to their own lives.

2. Managing participants who dominate sessions

- A 'dominant' participant might be someone who talks a lot in the discussion, does not let other participants share their stories, talks over the top of others or rejects other participants' opinions. They can try to force the group to help manage their own personal problems too.
- Be sure always to use your basic helping skills when managing dominant participants.
- When a participant is being dominating, use your skills to manage them during the group session and also on their own.
- During the group session, you can thank the person for their contribution and then invite others to share. For example: *"Thank you (name). What you are saying is very interesting, but I'd also like to hear from others in the group. Has anyone else had a similar or a different experience?"*
- If a participant is causing problems in the group and not responding to your management, you should speak to them on their own during a break or at the end of a session. Explain to them that it is important that everyone has a turn to talk or have their problems managed in the group. Be careful not to start by saying something negative to the person as they may not listen to your suggestion. For example: *"You have been very engaged in the programme, which is good. However, it is very important that everyone in the group has an opportunity to speak. And I have noticed that this is not happening. So, would you try to respect everyone in the group by not talking over the top of others and by giving everyone a chance to talk? This might mean waiting and letting someone else talk first when there is a discussion. Does this sound okay to you?"*
- There can be reasons why the person is being dominant in the group (e.g. they do not like other participants from different backgrounds, they believe they need the most help in the group, they or other participants believe that they should be dominant or speak for others because of their position in the community or their age). It would be helpful to understand what these reasons are and to help the participant and the group to manage them. Consider asking the individual this question in private: *"Are there any problems you are having in the group that are causing you to talk over the top of other participants? I would like to be able to help you manage these if this is possible."*

3. Managing distressed individuals

- Communicating concern and validating a participant's distress is the best first response. For participants presenting with acute needs and/or protection risks (e.g. a young woman who is at acute risk of being assaulted), it is advised that you respond initially with psychological first aid (PFA). You may also refer the person to another service who can provide more appropriate assistance.
- Giving the participant time to calm down is also important. Being quiet and not moving the discussion on or moving on to another topic is one way of doing this. Often, other

participants will help the distressed person (e.g. by putting an arm around them, acknowledging their distress).

- If the participant is having difficulties calming down by themselves, a good idea is to practise Managing Stress as a group.
- For example: *"Would you find it helpful if we practised Managing Stress as a group?"*
- If a participant's distress is very strong and is interfering with the group and you have a second facilitator, ask this person to take the participant out of the group and manage their distress together. This way you can continue with leading the group. If you are on your own, ask the group to take a 10-minute break, and sit with the participant on their own. After 10 minutes the participant might decide to re-join the group or take some time away from the group to calm down on their own. If you do this, be sure to encourage them to come back to the group or check on them after 10 minutes if they have not returned.

4. Encouraging discussion in a quiet group

- Case examples are helpful for encouraging group discussion. You can ask the group to talk about the case example if they are not talking about personal problems.
- Sharing other examples you are familiar with (e.g. from the community, from previous groups you have led) can help participants feel more comfortable about joining discussions. When giving examples, be sure not to include real people's names or stories that might identify who they are (this would break confidentiality).
- Talking individually to participants to help them participate in the group can be helpful.
- For example: *"I have noticed you are very quiet in the group. Is there anything I can do to help you engage more in the discussions?"*

5. Managing group discussions that go off-topic or identify unhelpful strategies or strategies outside of Basic Helping Skills

- You will need to be firm when redirecting group discussions. Also be sure to use your basic helping skills.
- For example: *"I can see this is an interesting discussion, but we have moved away from the focus of this session. Let's come back and we can discuss this topic during the break."*
- For example: *"This strategy sounds like it was helpful for you, but it is not part of psychosocial support and so we will not talk about it in this session. You are welcome to discuss it with me outside of the session."*

6. Participants disclosing too much information

- Sometimes participants will share very personal information. This can make other participants uncomfortable. It will be your job as facilitator to decide if the information being shared in the group is not appropriate or is too personal.
- If you decide that a participant is sharing too much information or it is too personal, you can do one or all of the following:
 - Ask the participant to monitor how much they are sharing and try to reduce it by themselves.
 - Decide on a secret sign you can give to the participant if they are sharing too much information so they can stop (e.g. raising your hand).
 - Agree that you will gently cut them off when they are sharing too much information (e.g. *"Thank you (name) for sharing this. It sounds like it has been very difficult for you. Would others like to share their experiences?"*)
 - Ask the participant to stop themselves from sharing too much, but instead they can tell you what they would like to say on their own during the break or at the end of the session.

7. What to do if a participant drops out or attends late or irregularly, etc.

- As best you can, try to prevent anyone from dropping out of the group (without forcing them to stay against their will).

- Be sure to speak with participants who are not engaging in the intervention by regularly showing up late or leaving early or missing sessions.
- Find out the reason(s) for their disengagement.
- You can review the discussion about reasons for and challenges to joining the group and the participants' individual goals. This discussion can motivate them to be more engaged in the group or help them decide to drop out of it.
- If a participant drops out, this is okay. Group counseling or group psychosocial support will not be suitable for everyone, and participants should not be forced to stay if they do not want to. If this happens, write in your notes the reason for their dropping out and try to arrange the post-intervention assessment as soon as possible.
- You should not ask a participant to leave the group. If you believe that a participant is disrupting the group a lot, talk with your supervisor about this.

8. Participants experiencing ongoing violence

- You might discover that a participant is being physically harmed by someone (e.g. gender-based violence (GBV) perpetrated by a partner). A participant could tell you during the group, or another participant could tell you that it is happening to someone in the group.
- It is important, if you learn from others that a participant is experiencing violence, that you ask the participant if this is happening to them.
- Use your basic helping skills when talking with participants who have experienced or are currently experiencing violence.
- If the participant is willing to tell you more about what is happening, ask them how often they are being hurt, who is harming them and whether they are fearful for their safety or the safety of others in their home (e.g. children).
- If the participant is fearful for their own or someone else's safety, you must contact your supervisor immediately so that appropriate action can be taken. This depends on the setting and national laws, but could involve reporting the abuse to police, a specific protection agency or informal network or local authorities such as (OCMC – One stop Crisis Management Centre) or refer to appropriate primary service providers. It is important that you inform the participant of the actions that you will take to keep them safe.
- Always talk to your supervisor about participants who are experiencing ongoing violence or those who have experienced violence in the past to help you decide what further action needs to be taken.
- For participants who are not currently being harmed or tell you they are not fearful for their safety, it is important that you tell them who they can contact if they do become fearful for their safety (e.g. authorities or agencies, specific protection agency or informal network, yourself or your supervisor).

9. If the participants missed the session/sessions

- Remind the benefits of each session while attending assessment and first session
- Remind before one day about upcoming session to each participant
- Review the previous session

Module 6: Training Facilitation Methods/Tools

Training Facilitation Methods/Tools

- Concept & Approaches of Training
- Objectives of Training
- Major stages of Training
- Stages of Training Cycle
- Qualities of Good Trainer
- Points to be considered by Trainer during training management
- Administrative role of Trainer

- Training Methods
- Feedback session-Sandwich Model Feedback
- Effective presentation skills
- Major points for Appreciative Feedback for effective presentation
- Session Plan
- Framework/Outline for effective session delivery for Micro Teaching/Presentation

Concept & Approaches of Training

Concepts & Approaches of Training

Training:

- Training is a means to change one's behavior by changing one's knowledge, skills and perceptions
- 3H: Head; Hands and Heart

Why Training?

- To teach a person what to do immediately in his/her field of work/job.
- To teach them to do better with the work/job they are doing.

Steps of Training:

- A. Pre-training.
- B. During Training (Conducting / implementing training)
- C. Post-training activities.

Pre-Training:

The following should be ensured in preparation of the training/Pre-training:

- Participants, Selection of participant.
- Training period.
- Venue/Place of training.
- Training Instructor/Facilitator.
- Pre- and Final Assessment Questionnaire and Answer Sheet.
- Financial resources.
- Training materials - for trainers and trainees/participants.
- Training Hall/Room.
- Training schedule/session plan

Stages of Training Cycle

- a. Training Need Assessment (TNA)
- b. Training Design

- c. Training Implementation
- d. End of the Training Programme Evaluation 'A'
- e. Training Follow-up
- f. Post Training Evaluation 'B'

Qualities of Trainer/Facilitator

- a. Training Needs Analyst
- b. Training Programme Designer
- c. Training Material Producer
- d. Training Programme Moderator/Facilitator
 - Training Programme Administrator
 - Training Programme Coordinator
 - Training Programme Monitor
 - Subject Matter Specialist
 - Trainer/Instructor/Facilitator/Animator
 - Audio-Visual Training Aid/Equipment Operator
- e. Training Programme Evaluator
- f. Training Follow-up Coordinator
- g. Training Consultant/Human Resource Development Specialist

Points to be considered by facilitators during training management:

- a. Participants
- b. Process
- c. Resources
- d. Activities

Managerial functions of training facilitators:

- a. Training planning and Schedule preparation
- b. Training delivery and control/management
- c. Training Evaluation/Feedback/Reporting

Training Methodologies

Training Methodologies: Generally, Following methodologies will be used during training period

- a. Brain Storming
- b. Small Group
- c. Focus Group Discussion
- d. Description/lecture
- e. Role play
- f. Group Discussion
- g. Snow Balling
- h. Demonstration
- i. Case Study/ success story

Training Facilitation Methodology

Snow Balling Method

Subject/Question: Prepare the steps for participatory game

Steps of Snow Balling Method:

- Inform the topic to all participants.
- Ask to all participants to write on given topic. 4-5 minutes depending on topic.
- Ask to discuss in a couple and ask them to prepare more lists (10 Minutes)
- Ask to discuss in 4 people and ask them to prepare more lists (10-15 Minutes)
- Ask to discuss in 8 people and prepare more lists (10 Minutes)
- Finally,
 - Ask them to write in newsprint and
 - Group presentation with more participatory discussion.
 - (Total Time=5+10+15+10=40 Minutes)

Brainstorming method

Subject/topic/Question:

- What are the roles of stakeholders to eliminate child labor?
- What are the four dimensions of child rights?

Process:

- Clearly mention the topic to participants
- Ask all to write their views in newsprint. Note: Do not delete if looks duplication as well. Write as much as.
- Discuss one by one point. Reduce if the points are not relevant.
- Finally, bring it to a conclusion by further discussion
- It takes time to come to a conclusion, so it is important to be patient.

Round Robin/Talk one by one

- Topic: Who are the invitees/stakeholders for child labor related case meeting?
- First, clear the topic.
- Take the views of all participants.
- Good opportunity for all involvement.
- Manage those who speak more.

Game

- Playing any game with purpose is informative/educational and some games are just for fun. Such as:
 - Mice, house, earthquake- Fun.
 - Home, airplane, Bug/Patero- Fun.

- Game writing in the air - Nepali or English - Fun.
- A game of writing the name of your favourite fruit in the air - Nepali or English - Fun.
- Hot Potato Game: Reviewing- Informative/educational.
- 9 Dots or 16 Dots Game - Open Minded Game: Informative/Educational Game.
- It is good to ask how you felt after playing the game, what you learned, etc.

Why should we be open minded?

Why should we be open minded?	
<ul style="list-style-type: none">• To find out reality• To understand all views• To make right conclusion• To make more clear understanding.• To reduce proudness• To make more understanding among.• To respect all views.• To provide equal opportunity all• To solve problems	<ul style="list-style-type: none">• To realize own mistake• To check the correctness of own understanding.• To change own mentality and perception.• To think properly and seriously.• To analyze differently• To understand and make understanding smoothly.• To listen others.• To make decision smoothly.

Visual Stimulus Method

Video

- The video is shown based on a theme, a story .
- The work is divided into groups for discussion and
- request the GroupWise presentation

Or

- What is seen in the video, what is understood, what is learned, what is the message of video etc. can be discussed.

Drawing:

1. Spontaneous Drawing.

- Leave to draw.
- Ask open and non-directive questions

2. Thematic Drawing

- Draw a picture with the theme/subject. For example:
 - Garden
 - What is the school environment like?
 - What should your school be like?

Process:

- 1. Allow participants to draw on a topic with paper, newsprint, and shine pen (e.g. childhood). Ask to draw in a group of 5/6 people or ask individual to draw or draw in a large group.
- 2. Ask open and non-directive questions while discussing this method.

Poem, Story, Song

- Say the poem, story, and song. Have a discussion about what the poem, story and song are trying to say and about the essence of the poem, story and song.

My Name is today

*"We are guilty of many errors
and many faults,
But our worst crime is
Abandoning the children,
neglecting the fountain of life.
Many of the things we need can wait,
but a child cannot.
Right now is the time his bones are being formed,
His blood is being made,
And his senses are being developed.
To him we cannot answer 'tomorrow'
His name is Today."*

- Gabriela Mistral

Sandwich Feedback

- What went well?
- What could be done better? What needs to be improved?
- Overall positive summary

Effective Presentation Skills

A, E, I, O, U

A: ATTENTION AND ACTIVE LISTENING

WIN: What/Interest/ Need

E: EXCITEMENT

I: INVOLVEMENT

O : OUT-REACH

U : UNDERSTANDING CHECK

Presentation Skills

- Following points to be considered to make effective presentation :
- A, E, I O U
 - A: Attention- Attract the attention of participants by active listening of questions, interests, statements, and issues.

- E: Excitement-Provide some inspirational and motivational stories related to subject matters, so participants will be excited and inspired.
- I: Involvement- Provide the equal and active participation of participants.
- O: Out-Reach- Maintain the equal distance and mobility in the halls to make good access to all participants.
- U: Understanding- Check the understanding level of participants periodically.

How can this be done to make the presentation effective?

Appreciative Feedback:

- Preparation
- Session Plan
- Group Work
- Division of responsibility
- Preparation of Materials
- Training materials/Resource materials preparation
- Presentation as per session plan
- Interesting climate setting/ Interesting session
- Application of methodologies as per session plan
- Linking with prior session
- From Simple to Complex
- Participatory
- Tone of Voice/Voice Projection
- Active Listening
- Interactive discussion
- Use of appropriate words
- Explain the language / words used with proper knowledge and examples
- Appropriate use of words
 - People with disability/Children with disability
 - Children
 - Natural Disaster
- Body language
- Appropriate Eye contact
- Outreach
- Objective test/checking of understanding level of participants
- Minimize slang/theo words
- Time management
- Linking with coming session/topic
- Review/Recap
- Closing/Ending the session

Training Session Plan

The following things should be considered while developing training session plan:

a. INTRO

b. BODY

c. CONS

a. INTRO:

- **I: Interest**
- **N: Need**
- **T: Topic**
- **R: Range**
- **O: Objective**

b. BODY:

c. CONS:

- **C: Clarify Trainees' Questions**
- **O: Objective-Test**
- **N: Next Topic**
- **S: Special Points**

Estimated time of training session plan (1 hour training session plan)

- INTRO/Introduction: 5-10 minutes
- BODY: 40-50 minutes
- CONS/Conclusion: 5-10 minutes

Training Session Plan**(Theoretical Subject)****1. Introduction / INTRO:**

T-Topic:

R-Range / Subtopic: What are the main points to be taught (subtitles)

I- Interest: How to provoke interest?

N-Need: Why is it necessary to learn the subject?

O-Objective: Objective of the training session

2. BODY:

Title Fragmentation	Teaching Method	Trainee Interaction / Activity	Required Materials	Time
Subtitle No. 1.				
Subtitle No. 2.				
Subtitle No. 3.				

3. Conclusion / CONS:

- C: Clarify Trainees 'Questions / Trainees' questions, queries etc.
- O: Objective-Test
- N: Next Topic / Giving information about the title of the upcoming training session
- S: Special Points / other special things (such as: homework, hand out, reading materials)

Framework/Outline for effective session delivery for Micro Teaching/ Presentation

Framework/Outline of Effective Session Plan

1. Title
2. Subtitle
3. Objectives
4. Time
5. Materials
6. Training methodologies
7. Training process
8. Guidance for facilitator
9. Training Conclusion
10. Training Resource materials

Training Modules & Schedules

One-Day Case Management Training Module & Schedule

1 Day Case Management Training to LCRC/WCRC/CBOs/CSO Board + Staffs

Facilitator: CSO Representatives/Sakriya Team

Training Duration: 1 Day

Target Group: LCRC/WCRC/CBOs/CSO Board + Staffs

Overall Objective of Case Management Training:

- To enhance knowledge and skill of CSOs/Implementing Partners on Community-Based Child Protection Mechanism (CBCPM), Case Management Process, Referral Mechanism and PFA (Psychological First Aid)

Specific Objective of Case Management Training:

- To enhance knowledge and skill on CBCPM, Referral Pathway, Case Management Process, Principles, Steps, Best Interest of Child, Best Interest Assessment (BIA), Best Interest Determination (BID), Risk Assessment, Case Management related work flow and its related forms and formats, Case Meeting/Case Conference, PSC (Psychosocial Counseling), Communication Skills, PFA (Psychological First Aid), Confidentiality and Role of Case Worker/Social Worker

Major Content of the Training:

- **Overview of Case Management Process**
 - Pre-Requisite of Case Management Process
 - Service Mapping & Referral Mechanism
 - CBCPM/N
 - PSP Selection
 - Points to be considered to implement Case Management Process at local Level
 - Definition of Case Management
 - Case Management Workflow,
 - Core Principles of Case Management,
 - Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure),
 - Risk Assessment & Triage
 - Best Interest of Child, BIA and BID,
 - Case Meeting/Case Conference
 - Confidentiality & Data Protection
 - Role of Case Worker/Social Worker
- **Psychosocial Support during Case Management and dealing with Child Survivors/Child Labor**
 - Psychosocial, Psychosocial Problem, Psychosocial Support,
 - Psychosocial Counseling, Communication Skills-SOLER, Psychological First aid (PFA)-3 L
- **Case Management Exercise- Form Familiarization & Role Play**
- **Action Plan Preparation and Sharing**

1 Day Case Management Training Schedule

DAY 1: Overview of Case Management Process			
DAY/TIME	SESSION/TOPICS	METHODOLOGY	Resource Person
7:30-8:30	Breakfast		
8:30-9:45	Overview of Case Management Process Prerequisite of Case Management Process <ul style="list-style-type: none"> • Service Mapping & Referral Mechanism • PSP Selection • Points to be considered to implement Case Management Process at local Level 	Refresher: Bal Adhikar Song Video Sharing, Brainstorming, Discussion, Presentation	CSO/Resource Person
9:45-11:30	Overview of Case Management Process.... <ul style="list-style-type: none"> ○ Definition of Case Management ○ Case Management Workflow ○ Core Principles of Case Management 	Refresher: Alternative Care Video Brainstorming, Discussion, Presentation	CSO/Resource Person
11:30-12:30	Overview of Case Management Process.... <ul style="list-style-type: none"> ○ Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure) 	Brainstorming, Discussion, Presentation	CSO/Resource Person
12:30-1:15	Lunch Break		
1:15-2:15	<ul style="list-style-type: none"> ○ Major Steps of Case Management.....contd ○ Risk Assessment & Triage ○ BIA & BID 	Refresher: Satyamev Jayate-Child Sexual Abuse Video Sharing, Brainstorming, Discussion, Presentation	CSO/Resource Person
2:15-2:45	<ul style="list-style-type: none"> ○ Case Conference/Case Meeting ○ Confidentiality & Data Protection ○ Role of Case Worker/Social Worker 	Sharing, Brainstorming, Discussion, Presentation	CSO/Resource Person
2:45-3:45	<ul style="list-style-type: none"> ○ Case Management Forms and Format ○ Creating Case Management File ○ Role Play- Child Labor incident 	Refresher: Tapping Exercise, Sharing, Sharing, Brainstorming, Discussion, Presentation	CSO/Resource Person
3:45-4:30	Action Plan	Group Work and Presentation	LCRC/WCRC/CBO Members
4:30-5:00	Review & closing	Participatory	CSO/Participants
Thank You!			

Two-Day Case Management Training Module & Schedule

Schedule for Training on Case Management

Day 1: Training on Case Management

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 1			
8:00-9:00	Breakfast		
9:00-9:15	Arrival & Registration of Participation		
Opening Session			
9:15-10:15	<ul style="list-style-type: none"> Opening Session Objective of the workshop Introduction Expectation Collection Group Norm Rapporteur/Management/Evaluation/Entertainment for Day 1 & 2 Pre-Test 	Participatory, Presentation, Name, Organization, Position, Address, Experience on Child Rights, Child Protection, Case Management-any training/educational qualification, work	All
10:15-10:30	<ul style="list-style-type: none"> Sharing of District/Municipality level initiatives for Case Management 	Discussion, Presentation	Municipality/ Participants
10:30-11:00	Overview of Case Management Process <ul style="list-style-type: none"> Prerequisite of Case Management Process <ul style="list-style-type: none"> Service Mapping & Referral Mechanism PSP Selection Points to be considered to implement Case Management Process at local Level 	Refresher: Alternative Care Video Sharing, Brainstorming, Discussion, Presentation	Resource Person (RP)
11:00-11:15	Tea Break		
11:15-12:00	Overview of Case Management Process <ul style="list-style-type: none"> Definition of Case Management, Case Management Workflow, Core Principles of Case Management 	Refresher: Tapping Exercise led by participants Sharing, Brainstorming, Discussion, Presentation	Resource Person (RP)
12:00-12:30	<ul style="list-style-type: none"> Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure), 	Sharing, Brainstorming, Discussion, Presentation	Resource Person (RP)
12:30-1:30	Lunch Break		
1:30-2:00	<ul style="list-style-type: none"> Case Conference/Case Meeting 	Sharing, Brainstorming, Discussion, Presentation	Resource Person (RP)
2:00-3:00	<ul style="list-style-type: none"> Triage, Risk Assessment & Prioritization of cases, Vulnerability Criteria 	Sharing, Brainstorming, Discussion, Presentation	Resource Person (RP)

3:00-3:15	Tea Break		
3:15-3:45	<ul style="list-style-type: none"> Best Interest of Child, BIA and BID, Case 	Refresher Sharing, Brainstorming, Discussion, Presentation	Resource Person (RP)
3:45-4:15	<ul style="list-style-type: none"> ToR for Focal Persons during Case Management 	Refresher, Sharing, Brainstorming, Discussion, Presentation, Role Play	Resource Person (RP)
4:15-4:40	<ul style="list-style-type: none"> Confidentiality & Data Protection 	Brainstorming, Interactive Discussion, Presentation	Resource Person (RP)
4:00-5:00	<ul style="list-style-type: none"> Revisit of Revised CM Forms (19 Forms) & Case Note 	Brainstorming, Interactive Discussion, Presentation	Resource Person (RP)
5:00-5:15	Reflection of the Day 1 and closing	Participatory	

Day 2: Training on Case Management

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 2			
8:00-9:00	Breakfast		
9:00-9:30	Review of Day 1 & Handover Session	Refresher: Bullet Clapping for Appreciation for Review Team	Review Team
9:30-9:45	Case Management Steps: <ul style="list-style-type: none"> Step 1: Identification and Pre-Assessment & Step 1 related forms 	Sharing, Brainstorming, Discussion, Presentation	Resource Person (RP)
9:45-10:00	<ul style="list-style-type: none"> Step 2: Assessment of Child and their Family & Step 2 related forms 	Sharing, Brainstorming, Discussion, Presentation	Resource Person (RP)
10:00-10:15	<ul style="list-style-type: none"> Step 3: Care Plan & Step 3 related form 	Brainstorming, Interactive Discussion, Presentation	Resource Person (RP)
10:15-10:30	<ul style="list-style-type: none"> Step 4: Implementation of Care Plan & Step 4 related forms 	Brainstorming, Interactive Discussion, Presentation	Resource Person (RP)
10:30-10:45	<ul style="list-style-type: none"> Step 5: Review and Follow & Step 5 related forms 	Brainstorming, Interactive Discussion, Presentation	Resource Person (RP)
10:45-11:00	<ul style="list-style-type: none"> Step 6: Case Closure & Step 6 related form 	Brainstorming, Interactive Discussion, Presentation	Resource Person (RP)

11:00-11:15	<ul style="list-style-type: none"> Creating CM Files and Folders 	Brainstorming, Interactive Discussion, Presentation	Resource Person (RP)
11:15-11:30	Tea Break		
11:30-12:30	Psychosocial Support during Case Management and dealing with child survivors- <ul style="list-style-type: none"> Psychosocial, Psychosocial Wellbeing, Psychosocial Problems, Reasons & Symptoms. Psychosocial Support, Psychosocial Counseling & Communication Skills: Rapport, SOLER, Do's & Don't, Confidentiality 	Brainstorming, Interactive Discussion, Presentation Role-play/Demonstration	Resource Person (RP)
12:30-1:30	Lunch Break		
1:30-2:00	Psychosocial Support during Case Management and dealing with child survivors- <ul style="list-style-type: none"> Psychological First aid (PFA): Definition of PFA; Major Tasks during PFA; 3 L Principles of PFA (Look, Listen & Link); PFA-When, Whom, Who, How; Roleplay & Reflection 	Refresher-Entertainment Team Brainstorming, Interactive Discussion, Presentation Role-play/Demonstration	Resource Person (RP)
2:00-2:45	<ul style="list-style-type: none"> Psychosocial Support during Case Management and dealing with child survivors: <ul style="list-style-type: none"> Self-Awareness/Realization: Who Am I?/ Hand Exercise/My Responsibility/Support system Self-Care 	Brainstorming, Interactive Discussion, Presentation, Hand Exercise Self-Care Wheel	Resource Person (RP)
2:45-3:00	<ul style="list-style-type: none"> Free Psychosocial Support and Referral Mechanism (Helpline & Hotline) 	Brainstorming, Interactive Discussion, Presentation,	Resource Person (RP)
3:00-3:15	Tea Break		
3:15-4:00	Action Plan Preparation and Sharing	Group Work and Presentation	Participants
4:00-4:30	Post Test	Post Test Questionnaire	Participants
4:30-5:15	Reflection of the Day 2; Closing Ceremony: Certificate distribution, Closing Remarks by participants and organizers	Participatory Formal/Informal	RDC/ Municipality
5:15	Reflection of the Day 2 and closing	Participatory	

Three-Day Case Management Training Module & Schedule

3 Days Refresher Case Management Training

Overall Objective of Case Management Training:

- To enhance knowledge and skill of Implementing Partner NGOs and Municipality Representative including multi-sector stakeholders on Community-Based Child Protection Mechanism (CBCPM), Case Management Process and Referral Mechanism.

Specific Objective of Case Management Training:

- To enhance knowledge and skill on child rights, child rights Principles, child protection and CP Issues, CBCPM, Referral Pathway, Case Management Process, Principles, Steps, Best Interest of Child, Best Interest Assessment (BIA), Best Interest Determination (BID), Risk Assessment, Case Management related work flow and its related forms and formats, Case Meeting/Case Conference, PSC (Psychosocial Counseling), Communication Skills, PFA (Psychological First Aid), Multi-sector Coordination, Inter-District Coordination and Safe Reintegration, Confidentiality and Role of Case Worker/Case Manager/Social Worker

Major Content:

Day 1:

- **Overview of Child Rights:**
 - Who is child? UNCRC, 4 Boxes of Child Rights, Principles of Child Rights
 - National Policies on Children (Constitution 2015, Local Government Operation Act, 2074, Child Friendly Local Governance (CFLG) Indicators, Child Labor Master Plan 2075-2085...)
- **Overview of Child Protection:**
 - Basic Needs and rights of child, Child Protection, Issues of Child Protection, Major causes of problem faced by children, Protective Environment for Children, Responsibilities for Child Protection, System Component for Child Protection, Child Participation in Child Protection, CPIE, Alternative Care, Advocacy for Child Protection
 - Community-Based Child Protection Mechanism (CBCPM) and Referral Mechanism

Day 2:

- **Overview of Case Management Process**
 - Pre-Requisite of Case Management Process
 - Points to be considered to implement Case Management Process at local Level
 - Definition of Case Management, Case Management Workflow, Core Principles of Case Management, Risk Assessment, Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure), PSP Selection, Best Interest of Child, BIA and BID, Case Meeting/Case Conference and Multi-sector Coordination, Inter-District Coordination and Safe Reintegration, Confidentiality and Role of Case Worker/Case Manager/Social Worker

Day 3:

- **Psychosocial Support during Case Management and dealing with Child Survivors/Child Labor**
 - Psychosocial, Psychosocial Problem, Psychosocial support, Psychosocial Counseling, Communication Skills, Psychological First aid (PFA)
 - **Case Management Exercise- Form Familiarization & Role Play**
- **Action Plan Preparation and Sharing**
- **Pre and Post Evaluation**

Tentative Training Schedule of Case Management Refresher Training (3 Days):

DAY 1			
DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
8:00-9:00	Breakfast		

9:00-9:15	Registration		
Opening Session			
9:15-11:00	Opening Session <ul style="list-style-type: none"> · Objective of the workshop · Introduction · Expectation Collection · Group Norm Rapporteur/Management/Evaluation/Entertainment for Day 1, 2, 3, <ul style="list-style-type: none"> · Pre-Test 	Participatory, Presentation, Name, Organization, Position, Address, Experience on Child Rights, Child Protection, Case Management-any training/educational qualification, work	Tdh/WEI/CSO
10:45-11:00	Sharing of District/Municipality level initiatives for child protection, Referral Mechanism and case management	Discussion, Presentation	CSO/ Municipality
11:00-11:15	Tea Break		
11:15-12:30	Overview of Child Rights: <ul style="list-style-type: none"> · Definitions, UNCRC, 4 Boxes of Child Rights, Principles of Child Rights 	Refresher: How Are You? Brainstorming, Group Discussion and Presentation	Tdh/Resource Person (RP)
12:30-1:30	Lunch Break		
1:30-2:15	Overview of Child Rights: continued... <ul style="list-style-type: none"> · National Policies on Children (Constitution 2015, Local Government Operation Act, 2074, Child Friendly Local Governance (CFLG) Indicators, Child Labor Master Plan 2075-2085, National Child Policy, 2012) 	Refresher: Entertainment Team/CFLG Video Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
2:15-3:00	Overview of Child Protection: <ul style="list-style-type: none"> · Basic Needs and rights of child, Child Protection, Issues of Child Protection, Major causes of problem faced by children, · Protective Environment for Children, Responsibilities for Child Protection, System Component for Child Protection 	Refresher: Music Therapy & Tapping Exercise Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
3:00-3:15	Tea Break		
3:15-4:15	Overview of Child Protection: continued... <ul style="list-style-type: none"> · Child Participation in Child Protection, CPiE, Alternative Care, Advocacy for Child Protection · CBCPM and Referral Mechanism 	Refresher-Child Protection-Satyameva Jayate Video Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
4:15-5:00	Reflection of the Day 1 and Closing	Participatory Quiz	

DAY 2			
DAY/TIME	SESSION/TOPICS	METHODOLOGY	Resource Person
8:00-9:00	Breakfast		

9:00-9:30	Review of Day 1 & Handover Session	Refresher: Bullet Clapping for Appreciation for Review Team	Review Team
9:30-10:30	Overview of Case Management Process Prerequisite of Case Management Process o Service Mapping & Referral Mechanism o PSP Selection Points to be considered to implement Case Management Process at local Level	Refresher: Alternative Care Video Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
10:30-11:15	Overview of Case Management Process · Definition of Case Management, Case Management Workflow, Core Principles of Case Management	Refresher: Tapping Exercise led by participants Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
11:15-11:30	Tea Break		
11:30-12:30	o Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure), • Review and Familiarization to Forms and Formats for Case Management Process	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
12:30-1:30	Lunch Break		
1:30-2:15	o Risk Assessment	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
2:15-3:00	o Best Interest of Child, BIA and BID, Case	Refresher Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
3:00-3:15	Tea Break		
3:15-4:15	o Meeting/Case Conference and Multi-sector Coordination, Inter-District Coordination and Safe Reintegration, Confidentiality o Role of Case Worker/Case Manager/Social Worker Confidentiality and Data Protection	Refresher: Entertainment Team Sharing, Brainstorming, Discussion, Presentation, Role Play	Tdh/RP
4:15-5:00	Reflection of the Day 2 and Closing	Participatory Quiz	

DAY 3			
DAY/TIME	SESSION/TOPICS	METHODOLOGY	Resource Person
8:00-9:00	Breakfast		
9:00-9:30	Review of Day 3 & Handover Session	Refresher-Supare Cut Clapping for Appreciation for Review Team	Review Team

9:30-10:30	Psychosocial Support during Case Management and dealing with child survivors- <ul style="list-style-type: none"> • Psychosocial Support, Psychosocial, Counseling, Communication Skills: Rapport, SOLER, Do's & Don't, Confidentiality 	Refresher-Entertainment Team Brainstorming, Interactive Discussion, Presentation Role-play/Demonstration	Tdh/RP
10:30-11:15	Psychosocial Support during Case Management and dealing with child survivors- <ul style="list-style-type: none"> ○ Psychological First aid (PFA): 3 L Principles (Look, Listen & Link); ○ Self-Awareness/Realization: Who Am I?/ Hand Exercise/My Responsibility/Support system 	Refresher-Entertainment Team Brainstorming, Interactive Discussion, Presentation Hand Exercise	Tdh/RP
11:15-11:30	Tea Break		
11:30-12:30	Psychosocial Support..... <ul style="list-style-type: none"> ○ Self-Care 	Refresher-Entertainment Team; Brainstorming, Interactive Discussion, Presentation Self-Care Wheel	Tdh/RP
12:30-1:30	Lunch Break		
1:30-2:15	Revisit the Case Management Process..... <ul style="list-style-type: none"> ○ Revisit and Practice on Case Management Workflow and its related Forms and Formats ○ Case Study/Child Protection Issue and Case Management Process-Role Play and Experience Sharing 	Discussion, Group Work and Presentation, Role Play	Tdh/RP
2:15-3:00	Action Plan and Sharing	Group Work and Presentation	Participants
3:00-3:15	Tea Break		
3:15-4:30	Post Test	Participatory	Tdh
4:30-5:00	Closing Ceremony Certificate distribution, Closing Remarks by participants and organizers	Formal/Informal	Tdh, WE, CSO, Municipality

Five-Day Case Management Training Module and Schedule

Case Management Training Schedule (5-days)

Overall Objective of Case Management Training:

- To enhance knowledge and skill of Implementing Partner NGOs and Municipality Representative including multi-sector stakeholders on Community-Based Child Protection Mechanism (CBCPM), Case Management Process and Referral Mechanism.

Specific Objective of Case Management Training:

- To enhance knowledge and skill on child rights, child rights Principles, child protection and CP Issues, CBCPM, Referral Pathway, Case Management Process, Principles, Steps, Best Interest of Child, Best Interest Assessment (BIA), Best Interest Determination (BID), Risk Assessment, Case Management related work flow and its related forms and formats, Case Meeting/Case Conference, PSC (Psychosocial Counseling), Communication Skills, PFA (Psychological First Aid), Multi-sector

Tentative Training Agenda (5 Days)

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 1			
8:00-9:00	Breakfast		
9:00-9:15	Registration		
Opening Session			
9:15-11:00	<ul style="list-style-type: none"> Opening Session Objective of the workshop Introduction Expectation Collection Group Norm <p>Rapporteur/Management/Evaluation/Entertainment for Day 1, 2, 3, 4 & 5</p> <ul style="list-style-type: none"> Pre Test 	Participatory, Presentation, Name, Organization, Position, Address, Experience on Child Rights, Child Protection, Case Management-any training/educational qualification, work	Tdh/WEI/CSO
10:45-11:00	Sharing of District/Municipality level initiatives for child protection, Referral Mechanism and case management	Discussion, Presentation	CSO/ Municipality
11:00-11:15	Tea Break		
11:15-12:30	<p>Overview of Child Rights:</p> <ul style="list-style-type: none"> Definitions, UNCRC, 4 Boxes of Child Rights, Principles of Child Rights 	Refresher: How Are You? Brainstorming, Group Discussion and Presentation	Tdh/Resource Person (RP)
12:30-1:30	Lunch Break		
1:30-2:15	<p>Overview of Child Rights: continued...</p> <ul style="list-style-type: none"> National Policies on Children (Constitution 2015, Local Government Operation Act, 2074, Child Friendly Local Governance (CFLG) Indicators, Child Labor Master Plan 2075-2085, National Child Policy, 2012) 	Refresher: Entertainment Team/CFLG Video Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
2:15-3:00	<p>Overview of Child Protection:</p> <ul style="list-style-type: none"> Basic Needs and rights of child, Child Protection, Issues of Child Protection, Major causes of problem faced by children, Protective Environment for Children, Responsibilities for Child Protection, System Component for Child Protection 	<p>Refresher: Music Therapy & Tapping Exercise</p> <p>Sharing, Brainstorming, Discussion, Presentation</p>	Tdh/RP
3:00-3:15	Tea Break		

3:15-4:15	Overview of Child Protection: continued... · Child Participation in Child Protection, CPiE, Alternative Care, Advocacy for Child Protection · CBCPM and Referral Mechanism	Refresher-Child Protection-Satyameva Jayate Video Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
4:15-5:00	Reflection of the Day 1 and Closing	Participatory Quiz	

DAY 2:

DAY/TIME	SESSION/TOPICS	METHODOLOGY	Resource Person
DAY 2			
8:00-9:00	Breakfast		
9:00-9:30	Review of Day 1 & Handover Session	Refresher: Bullet Clapping for Appreciation for Review Team	Review Team
9:30-10:30	Overview of Case Management Process Prerequisite of Case Management Process o Service Mapping & Referral Mechanism o PSP Selection Points to be considered to implement Case Management Process at local Level	Refresher: Alternative Care Video Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
10:30-11:15	Overview of Case Management Process · Definition of Case Management, Case Management Workflow, Core Principles of Case Management	Refresher: Tapping Exercise led by participants Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
11:15-11:30	Tea Break		
11:30-12:30	o Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure),	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
12:30-1:30	Lunch Break		
1:30-2:15	o Risk Assessment	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
2:15-3:00	o Best Interest of Child, BIA and BID, Case	Refresher Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
3:00-3:15	Tea Break		

3:15-4:15	<ul style="list-style-type: none"> o Meeting/Case Conference and Multi-sector Coordination, Inter-District Coordination and Safe Reintegration, Confidentiality o Role of Case Worker/Case Manager/Social Worker 	Refresher: Entertainment Team Sharing, Brainstorming, Discussion, Presentation, Role Play	Tdh/RP
4:15-5:00	Reflection of the Day 2 and Closing	Participatory Quiz	

DAY 3:

DAY/TIME	SESSION/TOPICS	METHODOLOGY	Resource Person
DAY 3			
8:00-9:00	Breakfast		
9:00-9:30	Review of Day 2 & Handover Session	Refresher: Parliamentary Clapping for Appreciation for Review Team	Review Team
9:30-10:45	Overview of Case Management Process <ul style="list-style-type: none"> o Step 1: Identification and Pre-Assessment o Step 1 related forms 	Sharing, Brainstorming, Discussion, Presentation Refresher: Komal Video: Sexual Abuse related video for discussion	Tdh/RP
10:45-11:15	Overview of Case Management Process <ul style="list-style-type: none"> · Step 2: Assessment of Child and their Family · Step 2 related forms 	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
11:15-11:30	Tea Break		
11:30-12:30	<ul style="list-style-type: none"> · Step 3: Care Plan · Step 3 related form 	Refresher: Entertainment Team Brainstorming, Interactive Discussion, Presentation Role-play/Demonstration	Tdh/RP
12:30-1:30	Lunch Break		
1:30-3:00	<ul style="list-style-type: none"> · Step 4: Implementation of Care Plan · Step 5: Review and Follow · Step 4 & 5 related forms 	Refresher: Entertainment Team Brainstorming, Interactive Discussion, Presentation	Tdh/RP
3:00-3:15	Tea Break		
3:15-4:15	<ul style="list-style-type: none"> · Step 6: Case Closure · Step 6 related form 	Refresher-Entertainment Team Brainstorming, Interactive Discussion, Presentation	Tdh/RP
4:15-5:00	Reflection of the Day 3 and closing	Participatory Quiz	

DAY 4:

DAY/TIME	SESSION/TOPICS	METHODOLOGY	Resource Person
DAY 4			
8:00-9:00	Breakfast		
9:00-9:30	Review of Day 3 & Handover Session	Refresher-Supare Cut Clapping for Appreciation for Review Team	Review Team
9:30-10:30	Overview of Case Management Process · Review and Familiarization to Forms and Formats for Case Management Process	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
10:30-11:15	· Confidentiality and Data Protection	Brainstorming, Interactive Discussion, Presentation	Tdh/RP
11:15-11:30	Tea Break		
11:30-12:30	· Psychosocial Support during Case Management and dealing with child survivors- o Psychosocial Support, Psychosocial, Counseling, Communication Skills: Rapport, SOLER, Do's & Don't, Confidentiality	Refresher-Entertainment Team Brainstorming, Interactive Discussion, Presentation Role-play/Demonstration	Tdh/RP
12:30-1:30	Lunch Break		
1:30-3:00	· Psychosocial Support during Case Management and dealing with child survivors- o Psychological First aid (PFA): 3 L Principles (Look, Listen & Link); o Self-Awareness/Realization: Who Am I?/ Hand Exercise/My Responsibility/Support system	Refresher-Entertainment Team Brainstorming, Interactive Discussion, Presentation Hand Exercise	Tdh/RP
3:00-3:15	Tea Break		
3:15-4:15	· Psychosocial Support..... o Self-Care	Refresher-Entertainment Team Brainstorming, Interactive Discussion, Presentation Self-Care Wheel	Tdh/RP
4:15-5:00	Reflection of the Day 4 and Closing	Participatory Quiz	

DAY 5:

DAY/TIME	SESSION/TOPICS	METHODOLOGY	Resource Person
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DAY 5			
8:00-9:00	Breakfast		
9:00-9:30	Review of Day 4 & Handover Session	Refresher-Barsha Clapping for Appreciation for Review Team	Review Team
9:30-11:15	Revisit the Case Management Process..... · Revisit and Practice on Case Management Work flow and its related Forms and Formats · Case Study/Child Protection Issue and Case Management Process-Role Play and Experience Sharing	Discussion, Group Work and Presentation, Role Play	Tdh/RP
11:15-11:30	Tea Break		
11:30-12:30	Case Study, /Child Protection Issue and Case Management Process-Role Play and Experience Sharing- continued	Discussion, Group Work and Presentation, Role Play	Tdh/RP
12:30-1:30	Lunch Break		
1:30-2:15	Action Plan and Sharing	Group Work and Presentation	Participants
2:15-3:00	Reflection of the Day 5	Participatory Quiz	
3:00-3:15	Tea Break		
3:15-4:30	Post Test	Participatory	Tdh
4:30-5:00	Closing Ceremony - Certificate distribution, Closing Remarks by participants and organizers	Formal/Informal	Tdh, WEI, CSO, Municipality

Seven-Day Case Management & Basic Helping Skills Training Module & Schedule for LCRC/WCRC Representatives

Sakriya Project

(Civil Society Action to End Exploitative Child Labor)

Training on Case Management and Basic Helping Skills for LCRC/WCRC Representatives

Introduction:

This Case Management Training is designed for capacity building of LCRC/WCRC representatives under the Sakriya project.

Overall Objective of Case Management Training:

- To enhance knowledge and skill of LCRC/WCRC representatives including multi-sector stakeholders on Community-Based Child Protection Mechanism (CBCPM), Case Management Process and Referral Mechanism.

Specific Objective of Case Management Training:

- To enhance knowledge and skill on child rights, child rights Principles, child protection and CP Issues, CBCPM, Referral Pathway, Case Management Process, Principles, Steps, Best Interest of Child, Best Interest Assessment (BIA), Best Interest Determination (BID), Risk Assessment, Case Management related work flow and its related forms and formats, Case Meeting/Case Conference, PSC (Psychosocial Counseling), Communication Skills, PFA (Psychological First Aid), Multi-sector Coordination, Inter-District Coordination and Safe Reintegration, Confidentiality and Role of Case Worker/Case Manager/Social Worker; Grievance Mechanism, CPIMS Excel-Based Tool.

Target Participants of Case Management Training:

- LCRC/WCRC Representatives

Methodology:

- Participatory Quiz, Interactive Discussion
- Brain storming, Group Discussion
- Role Play, Game/Refreshers

Training Modality:

- 5 Days Training (Virtual) and
- 7 Days Training (F2F)

Training Process:

- Sharing, Discussion, Orientation
- Brain storming, Group discussion
- Role play/Game
- Reflection
- Coordination with concern stakeholders
- Action Plan preparation, Presentation

Main Theme of Case Management & Basic Helping Skills Training for LCRC/WCRC:

- **Overview of Child Rights:**
 - Who is Child? UNCRC, 4 Boxes of Child Rights, Principles of Child Rights
 - National Policies on Children (Constitution 2015, Local Government Operation Act, 2074, Child Friendly Local Governance (CFLG) Indicators, Child Labor Master Plan 2075-2085...)
- **Overview of Child Protection:**
 - Basic Needs and rights of child, Child Protection, Issues of Child Protection, Major causes of problem faced by children, Protective Environment for Children, Responsibilities for Child Protection, System Component for Child Protection,
 - Community-Based Child Protection Mechanism (CBCPM) and Referral Mechanism
- **Overview of Case Management Process**
 - Pre-Requisite of Case Management Process
 - Points to be considered to implement Case Management Process at local Level
 - Definition of Case Management, Case Management Workflow, Core Principles of Case Management, Triage, Risk Assessment & Prioritization of Cases, Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure), PSP Selection, Best Interest of Child, BIA and BID, Case Meeting/Case Conference and Multi-sector Coordination, ToR for Focal Persons during Case Management, Creating Case Management Files & Folders, Confidentiality & Data Protection, revised case management forms
- **Psychosocial Support during Case Management and dealing with Child Survivors/Child Labor**
 - Psychosocial, Psychosocial Wellbeing,
 - Psychosocial Problem, Reasons and Symptoms
 - Psychosocial support,
 - Psychosocial Counseling & Communication Skills-SOLER
 - Psychological First aid (PFA) & Roleplay
 - Self-Awareness & Self-Care
 - Free Psychosocial Support & Referral Mechanism (Helpline & Hotline)
- **Case Management Exercise- Form Familiarization & Role Play**
- **Grievance Mechanism**
- **CPIMS Excel-Based Tool**
- **Action Plan Preparation and Sharing**
- **Pre and Post Evaluation**

Tentative Schedule of Case Management & Basic Helping Skills Training for LCRC/WCRC

Part 1: 4 Days Case Management Training Schedule for LCRC/WCRC (4 days Face to Face/ In Person Training)

Day 1:

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 1			
By First Half of Day 1	Arrival of Participants		
By Second Half of Day 1	Registration/Logistic Arrangement		
Opening Session			
3:00-4:45 pm	<ul style="list-style-type: none"> Opening Session Objective of the workshop Introduction Expectation Collection Group Norm Rapporteur/Management/Evaluation/Entertainment for Day 1, 2, 3, 4, 5, 6 & 7 Pre Test 	Participatory, Presentation, Name, Organization, Position, Address, Experience on Child Rights, Child Protection, Case Management-any training/educational qualification, work	Tdh/WEI/ LCRC/WCRC
4:45-5:15 pm	Sharing of District/Municipality level initiatives for child protection, Referral Mechanism and case management	Discussion, Presentation	LCRC/WCRC/ Municipality

Day 2

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 2			
8:00-9:00	Breakfast		
9:00-10:00 am	Overview of Child Rights: Definitions, UNCRC, 4 Boxes of Child Rights, Principles of Child Rights	Refresher: How Are You? Brainstorming, Group Discussion and Presentation	Tdh/Resource Person (RP)
10:00-11:00	Overview of Child Rights: continued... National Policies on Children (Constitution 2015, Local Government Operation Act, 2074, Child Friendly Local Governance (CFLG) Indicators, Child Labor Master Plan 2075-2085	Refresher: Entertainment Team/CFLG Video Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
11:00-11:15	Tea Break		
11:15-11:30	Child Friendly Local Governance Guideline, 2078	Refresher: CFLG Video Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
11:30-11:45	Local Government Operation Act, 2074	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP

11:45-12:10	Child Act, 2075	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
12:10-12:30	CL Master Plan Summary (2075-2085)	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
12:30-1:30	Lunch Break		
1:30-3:00	Overview of Child Protection: <ul style="list-style-type: none"> Basic Needs and rights of child, Child Protection, Issues of Child Protection, Major causes of problem faced by children, Protective Environment for Children, Responsibilities for Child Protection, System Component for Child Protection 	Refresher: Music Therapy & Tapping Exercise; Sharing, Brainstorming, Discussion, Presentation Refresher-Child Protection-Satyameva Jayate Video	Tdh/RP
3:00-3:15	Tea Break		
3:15-4:00	Community-Based Child Protection Mechanism (CBCPM) & Referral Mechanism	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
4:00-5:15	Overview of Case Management Process Prerequisite of Case Management Process <ul style="list-style-type: none"> Service Mapping & Referral Mechanism PSP Selection Points to be considered to implement Case Management Process at local Level	Refresher: Alternative Care Video Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
5:15	Reflection of the Day 2 and Closing	Participatory Quiz	

DAY 3:

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 3			
8:00-9:00	Breakfast		
9:00-9:30	Review of Day 2 & Handover Session	Refresher: Bullet Clapping for Appreciation for Review Team	Review Team
9:30-10:30	Overview of Case Management Process <ul style="list-style-type: none"> Definition of Case Management, Case Management Workflow, Core Principles of Case Management 	Refresher: Tapping Exercise led by participants Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
10:30-11:00	<ul style="list-style-type: none"> Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure) 	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
11:00-11:15	<ul style="list-style-type: none"> Case Conference/Case Meeting 	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
11:15-11:30	Tea Break		

11:30-12:30	<ul style="list-style-type: none"> ○ Triage, Risk Assessment & Prioritization of cases, Vulnerability Criteria 	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
12:30-1:30	Lunch Break		
1:30-2:45	<ul style="list-style-type: none"> ○ Best Interest of Child, BIA and BID, Case 	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
2:45-3:00	<ul style="list-style-type: none"> ○ ToR for Focal Persons during Case Management 	Sharing, Brainstorming, Discussion, Presentation, Role Play	Tdh/RP
3:00-3:15	Tea Break		
3:15-3:30	Overview of Case Management Process <ul style="list-style-type: none"> • Step 1: Identification and Pre-Assessment and Step 1 related forms 	Sharing, Brainstorming, Discussion, Presentation. Refresher: Komal Video: Sexual Abuse related video for discussion	Tdh/RP
3:30-3:45	Overview of Case Management Process Step 2: Assessment of Child and their Family & Step 2 related forms	Sharing, Brainstorming, Discussion, Presentation	Tdh/RP
3:45-5:15	Overview of Grievance Mechanism and Group Work	Sharing, Brainstorming, Discussion, Presentation	WEI/RP
5:15	Reflection of the Day 3 and Closing	Participatory Quiz	

DAY 4:

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 4			
8:00-9:00	Breakfast		
9:00-9:30	Review of Day 3 & Handover Session	Refresher: Parliamentary Clapping for Appreciation for Review Team	Review Team
9:30-10:00	<ul style="list-style-type: none"> • Step 3: Care Plan • Step 3 related form 	Refresher: Entertainment Team; Brainstorming, Interactive Discussion, Presentation; Role-play/ Demonstration	Tdh/RP
10:00-11:00	<ul style="list-style-type: none"> • Step 4: Implementation of Care Plan & its related forms • Step 5: Review and Follow & its related form • Step 6: Case Closure & its related form 	Refresher: Entertainment Team; Brainstorming, Interactive Discussion, Presentation	Tdh/RP
11:15-11:30	Tea Break		
11:30-11:50	Creating CM Files and Folders	Brainstorming, Interactive Discussion, Presentation	Tdh/RP
11:50-12:10	Confidentiality & Data Protection	Brainstorming, Interactive Discussion, Presentation	Tdh/RP
12:10-12:30	Revisit of Revised CM Forms (19 Forms)	Brainstorming, Interactive Discussion, Presentation	Tdh/RP

12:30-1:30	Lunch Break		
1:30-3:00	Psychosocial Support during Case Management and dealing with child survivors- <ul style="list-style-type: none"> Psychosocial, Psychosocial Wellbeing, Psychosocial Problems, Reasons & Symptoms. Psychosocial Support, Psychosocial Counseling & Communication Skills: Rapport, SOLER, Do's & Don't, Confidentiality, Basic Helping Skills 	Brainstorming, Interactive Discussion, Presentation Role-play/Demonstration	Tdh/RP
3:00-3:15	Tea Break		
3:15-4:00	Psychosocial Support during Case Management and dealing with child survivors- <ul style="list-style-type: none"> Psychological First aid (PFA): Definition of PFA; Major Tasks during PFA; 3 L Principles of PFA (Look, Listen & Link); PFA-When, Whom, Who, How; Roleplay & Reflection 	Refresher-Entertainment Team Brainstorming, Interactive Discussion, Presentation	Tdh/RP
4:00-4:45	<ul style="list-style-type: none"> Psychosocial Support..... <ul style="list-style-type: none"> Self-Awareness/Realization: Who Am I?/ Hand Exercise/My Responsibility/Support system Self-Care 	Brainstorming, Interactive Discussion, Presentation, Hand Exercise Self-Care Wheel	Tdh/RP
4:45-5:00	<ul style="list-style-type: none"> Free Psychosocial Support and Referral Mechanism (Helpline & Hotline) 	Brainstorming, Interactive Discussion, Presentation,	Tdh/RP
5:00	Reflection of the Day 4 and Closing	Participatory Quiz	

Part 2: Grievance Mechanism

DAY 5: Grievance Mechanism

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 5			
8:00-9:00	Breakfast		
9:00-9:30	Review of Day 4 & Handover Session	Refresher-Supare Cut Clapping for Appreciation for Review Team	Review Team
9:30-11:15	Grievance Mechanism	Sharing, Brainstorming, Discussion, Presentation	WEI/RP
11:15-11:30	Tea Break		

11:30-12:30	Grievance Mechanism	Sharing, Brainstorming, Discussion, Presentation	WEI/RP
12:30-1:30	Lunch Break		
1:30-3:00	Grievance Mechanism	Sharing, Brainstorming, Discussion, Presentation	WEI/RP
3:00-3:15	Tea Break		
3:15-5:00	Grievance Mechanism	Sharing, Brainstorming, Discussion, Presentation	WEI/RP
5:00	Reflection of the Day 5 and Closing	Participatory	

Part 3: CPIMS Excel-Based Tool

DAY 6: CPIMS Excel-Based Tool

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 6			
8:00-9:00	Breakfast		
9:00-9:30	Review of Day 5 & Handover Session	Refresher-Supare Cut Clapping for Appreciation for Review Team	Review Team
9:30-11:15	CPIMS Excel-Based Tool	Sharing, Brainstorming, Discussion, Presentation	Tdh M&E Team
11:15-11:30	Tea Break		
11:30-12:30	CPIMS Excel-Based Tool	Sharing, Brainstorming, Discussion, Presentation	Tdh M&E Team
12:30-1:30	Lunch Break		
1:30-3:00	CPIMS Excel-Based Tool	Sharing, Brainstorming, Discussion, Presentation	Tdh M&E Team
3:00-3:15	Tea Break		
3:15-5:00	CPIMS Excel-Based Tool	Sharing, Brainstorming, Discussion, Presentation	Tdh M&E Team
5:00	Reflection of the Day 6 and Closing	Participatory	

DAY 7: CPIMS Excel-Based Tool & Closing

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 7			
8:00-9:00	Breakfast		

9:00-9:30	Review of Day 6 & Handover Session	Refresher-Supare Cut Clapping for Appreciation for Review Team	Review Team
9:30-11:15	○ CPIMS Excel-Based Tool	Sharing, Brainstorming, Discussion, Presentation	Tdh M&E Team
11:15-11:30	Tea Break		
11:30-12:30	○ CPIMS Excel-Based Tool	Sharing, Brainstorming, Discussion, Presentation	Tdh M&E Team
12:30-1:30	Lunch Break		
1:30-3:00	Action Plan Preparation and Sharing	Group Work and Presentation	Participants
3:00-3:15	Tea Break		
3:15-4:00	Post Test	Post Test Questionnaire	Participants
4:00-5:15	Reflection of the Day 7. Closing Ceremony: Certificate distribution, Closing Remarks by participants and organizers	Participatory Formal/Informal	Tdh, WEI, LCRC/CSO, Municipality

Day 8:

DAY/TIME	SESSION/TOPICS	METHODOLOGY	RESOURCE PERSON
DAY 8			
8:00- 9:00am	Breakfast		
By First Half of Day 1	Check Out & Departure of Participants		

Ten-Day Training of Trainers (ToT) on Case Management & Basic Helping Skills Module & Schedule

TOT on Case Management and Basic Helping Skills Schedule (10-Days)

Overall Objective of TOT on Case Management and Basic Helping Skills:

- To enhance knowledge and skill of Implementing Partner NGOs on Case Management Process and MHPSS and Basic Helping Skills and develop as Skilled Resource Person and Future Trainer on Case Management and Basic Helping Skills during Case Management of children & Vulnerable groups.

Specific Objective of TOT on Case Management and Basic Helping Skills:

- To enhance knowledge and skill on Child Rights, Child Rights Principles, Child Protection and CP Issues, CBCPM, Referral Pathway, Case Management Process, Principles, Steps, Best Interest of Child, Best Interest Assessment (BIA), Best Interest Determination (BID), Risk Assessment, Case Management related work flow and its related forms and formats, Case Meeting/Case Conference, Confidentiality & Data Protection, PSC (Psychosocial

Counseling), Communication Skills, PFA (Psychological First Aid), Basic Helping Skills, Self-care, Multi-sector Coordination, Inter-District Coordination and Safe Reintegration, and TOR for focal Persons & Role of Case Worker/Case Manager/Social Worker

Modules & Main Theme of Case Management and Basic Helping Skills TOT:

Module 1: Opening & Introduction

- Registration/Attendance
- Stationeries Management for Participants
- Opening Session; Objective of the workshop
- Introduction; Expectation Collection; Group Norm
- Roles & Responsibility Division: Rapporteur/ Management/ Evaluation/ Entertainment for Day 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10
- Pre-Test
- Feedback session
- Practice & Feedback

Module 2: Overview of Child Rights:

- Who is child? UNCRC, 4 Boxes of Child Rights, Principles of Child Rights
- National Policies on Children (Constitution 2015, Local Government Operation Act, 2017 (2074), Children Act, 2018; Child Friendly Local Governance (CFLG) Indicators, Child Labor Master Plan 2075-2085...)
- Practice & Feedback Session

Module 3: Overview of Child Protection:

- Basic Needs and rights of child, Child Protection, Issues of Child Protection, Major causes of problem faced by children, Protective Environment for Children, Responsibilities for Child Protection, System Component for Child Protection, Child Participation in Child Protection, CPIE/CPMS, Alternative Care, Advocacy for Child Protection
- Community-Based Child Protection Mechanism (CBCPM) and Referral Mechanism
- Practice & Feedback Session

Module 4: Overview of Case Management Process

- Pre-Requisites of Case Management Process
- Points to be considered to implement Case Management Process at local Level
- Definition of Case Management, Case Management Workflow, Core Principles of Case Management, Risk Assessment, Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure), PSP Selection, Best Interest of Child, BIA and BID, Triage, Risk Assessment & Prioritization, Case Meeting/Case Conference and Multi-sector Coordination, Inter-District Coordination and Safe Reintegration, Confidentiality & Data Protection and ToR for Focal Person during Case Management, Role of Case Worker/Case Manager/Social Worker
- Case Management Exercise- Form Familiarization & Role Play
- Practice & Feedback Session

Module 5: Psychosocial Support and Basic Helping Skills during Case Management and dealing with Child Survivors/Child Labor

- Psychosocial, Psychosocial Wellbeing,
- Common Mental Health and Psychosocial Problems/Symptoms/Reasons,
- Psychosocial support, Counseling, Psychosocial Counseling, Communication Skills- Verbal and Non-Verbal Communication skills,
- Psychological First Aid (PFA),
- Basic Helping Skills during case management,
- Group Management Skills,
- Self-Awareness
- Self-care
- Role Play, Practice & Feedback Session

Module 6: Training of Trainers (TOT)

- TOT: Concept & Approaches
- Skills of Trainers
 - Facilitation: Skills, Roles, Qualities & Tools
 - Presentation Skills
 - Training Design, Process & Tools
 - Session Plan & Tailor-Made Trainings
 - Feedback Session
 - Micro Teaching/Presentation Technique & Assignment
- Micro Presentation: Preparation, Practice and Feedback Session

Module 7: Closing

- Action Plan Preparation and Sharing
- Post Evaluation
- Token of Love/Appreciation, Certification and Closing Remarks

Day/Time	Module/Session/Topic	Methodology	Resource Person
Day 1	Module 1: Opening & Introduction <ul style="list-style-type: none"> Registration/Attendance Stationeries Management for Participants Opening Session; Objective of the workshop Introduction; Expectation Collection; Group Norm Roles & Responsibility Division: Rapporteur/ Management/ Evaluation/ Entertainment for Day 1, 2, 3, 4, 5, 6, 7, 8, 9 & 10 Pre-Test Feedback session Practice & Feedback 	Participatory, Discussion, Presentation, Introduction: <ul style="list-style-type: none"> Name, Organization, Position, Address, Experience on Child Rights, Child Protection, Case Management-any training/educational qualification, work Hobby/Passion 	Lead Trainer: Nita Gurung, CL&MPC, Tdh Participants
Day 2 First Half	Module 2: Overview of Child Rights: <ul style="list-style-type: none"> Who is child? UNCRC, 4 Boxes of Child Rights, Principles of Child Rights National Policies on Children (Constitution 2015, Local Government Operation Act, 2017 (2074), Children Act, 2018; Child Friendly Local Governance (CFLG) Indicators, Child Labor Master Plan 2075-2085...) Practice & Feedback Session 	Refresher: Entertainment Team/CFLG Video Sharing, Brainstorming, Discussion, Presentation	Lead Trainer: Nita Gurung, CL&MPC, Tdh Participants
Day 2 Second Half	Module 3: Overview of Child Protection: <ul style="list-style-type: none"> Basic Needs and rights of child, Child Protection, Issues of Child Protection, Major causes of problem faced by children, Protective Environment for Children, Responsibilities for Child Protection, System Component for Child Protection, Child Participation in Child Protection, CPiE/CPMS, Alternative Care, Advocacy for Child Protection Community-Based Child Protection Mechanism (CBCPM) and Referral Mechanism Practice & Feedback Session 	Refresher: Music Therapy & Tapping Exercise Sharing, Brainstorming, Discussion, Presentation Refresher: Entertainment Team/Child Protection Videos-Komal/Satyamev Jayate	Lead Trainer: Nita Gurung, CL&MPC, Tdh Participants
Day 3 & 4	Module 4: Overview of Case Management Process		

	<ul style="list-style-type: none"> • Pre-Requisites of Case Management Process • Points to be considered to implement Case Management Process at local Level • Definition of Case Management, Case Management Workflow, Core Principles of Case Management, Risk Assessment, Major Steps of Case Management (Identification, Detail Assessment, Development of Care Plan, Implementation of Care Plan, Review of Care Plan and Case Closure), PSP Selection, Best Interest of Child, BIA and BID, Triage, Risk Assessment & Prioritization, Case Meeting/Case Conference and Multi-sector Coordination, Inter-District Coordination and Safe Reintegration, Confidentiality & Data Protection, ToR for Focal Person during Case Management, Role of Case Worker/Case Manager/Social Worker • Case Management Exercise - Form Familiarization & Role Play 	<p>Refresher: Alternative Care Video</p> <p>Sharing, Brainstorming, Discussion, Presentation</p> <p>Refresher: Entertainment Team</p> <p>Role-play/Demonstration</p>	<p>Lead Trainer: Nita Gurung, CL&MPC, Tdh</p> <p>Participants</p>
Day 5, 6, & 7	<p>Module 5: Psychosocial Support and Basic Helping Skills during Case Management and dealing with Child Survivors/Child Labor</p> <ul style="list-style-type: none"> • Psychosocial, • Psychosocial Wellbeing, • Common Mental Health and Psychosocial Problems/Symptoms/Reasons, • Psychosocial support, • Counseling, • Psychosocial Counseling, • Communication Skills-Verbal and Non-Verbal Communication skills-SOLER, • Psychological First Aid (PFA), • Basic Helping Skills during Case Management, • Group Management Skills, • Self-care • Role Play, Practice & Feedback Session 	<p>Brainstorming,</p> <p>Interactive Discussion,</p> <p>Presentation</p> <p>3L & SOLER Skills: Role-play/Demonstration</p> <p>Hand Exercise; Breathing Exercise</p> <p>Self-Care Wheel and Self-Care related Exercise</p> <p>Role-Play: Helping & Non-Helping Skills, Feedback session</p> <p>Refresher- Entertainment Team</p>	<p>Lead Trainer: Nita Gurung, CL&MPC, Tdh</p> <p>Resource Person</p> <p>Participants</p>
Day 8	<p>Module 6: Training of Trainers (TOT)</p> <ul style="list-style-type: none"> • TOT: Concept & Approaches • Skills of Trainers <ul style="list-style-type: none"> ◦ Facilitation: Skills, Roles, Qualities & Tools 	<p>Refresher- Warm Up Exercise/Gym/Patting Exercise led by Participants</p> <p>Brainstorming, Interactive Discussion,</p>	<p>Lead Trainer: Nita Gurung, CL&MPC, Tdh</p>

	<ul style="list-style-type: none"> ○ Presentation Skills ○ Training Design, Process & Tools ○ Session Plan & Tailor-Made Trainings ○ Feedback Session ○ Micro Teaching/Presentation Technique & Assignment • Micro Presentation: Preparation, Practice and Feedback Session 	Individual/Group Work Presentation Micro Presentation Story of Eagle	Resource Person Participants
Day 9	Micro Presentation: Preparation, Practice and Feedback Session	Role Play/Micro Presentation by Participants	Lead Trainer: Nita Gurung, CL&MPC, Tdh Resource Person Participants
Day 10	Micro Presentation: Preparation, Practice and Feedback Session Module 7: Closing <ul style="list-style-type: none"> • Action Plan Preparation and Sharing • Post Evaluation • Token of Love/Appreciation, Certification and Closing Remarks 		Lead Trainer: Nita Gurung, CL&MPC, Tdh Resource Person Participants Tdh/WEI

Pre-Test Questionnaire for 1-Day, 2-Day, 3-Day, 5-Day & 7-Day

Case Management Training

Pre-Test Questionnaire

1. Children are the following people .

- a. Below 14 years b. Below 16 years c. Below 18 years d. Below 12 years

2. Who is the Pioneer of Child Right?

- a. Henry Duna b. Eglantyne Jebb c. Nelson Mandela

3. Write down the full form of UNCRC.

United Nation's Convention on the Rights of Child (UNCRC).

4. When was the Convention on the Rights of the Child ratified by the United Nation?

- a. 14 Sep 1990 b. 20 November 1989 c. 11 Oct 2014 d. 11 Sep 1989

5. When was the Convention on the Rights of the Child ratified by the Government of Nepal?

- a. 14 Sep 1990 b. 20 November 1989 c. 11 Oct 2014 d. 11 sep 1989

6. When the latest Children's Act was enacted/approved?

- a. Children Act 2045,
b. Children Act 2048,
c. Children Act 2075

7. When the Children's Rules was enacted/approved?

- a. Children's Rules, 2045,
b. Children's Rules, 2048,
c. Children's Rules, 2051

8. When was Child Labor (Prohibition and Regulation) Act approved?

- a. Child Labor (Prohibition and Regulation) Act, 2051
b. Child Labor (Prohibition and Regulation) Act, 2055
c. Child Labor (Prohibition and Regulation) Act, 2056

9. When was Child Labor (Prohibition and Regulation) Rules approved?

- a. Child Labor (Prohibition and Regulation) Rules 2061,
b. Child Labor (Prohibition and Regulation) Rules 2062,
c. Child Labor (Prohibition and Regulation) Rules 2063.

10. Following is the National Master Plan for Elimination of Child Labor (NMP for ECL-II).

- a. Master plan for Elimination of Child Labor 2065-2075
b. Master plan for Elimination of Child Labor 2075-2085
c. Master plan for Elimination of Child Labor 2070-2080

11. When was approved/enacted Local Government Operation Act?

- a. Local Government Operation Act, 2073
b. Local Government Operation Act, 2074
c. Local Government Operation Act, 2075

12. How many indicators are there in Child Friendly Local Governance (CFLG)?

- a. 29 b.39 c.51 d.69

13. What are the four dimensions of child right?

- a. Right to survival, Right of protection, Right to development, Right to participation.
b. Right to survival, Right to protection, Right to education, Right to participation.
c. Right to survival, Right to protection, Right to health, Right to participation

14. What are the principles of Child Right?

- a. Non-discrimination, Inclusive, survival and development, child participation
b. Non-discrimination, Best interest of child, Survival and Development, Respect the views of the child.
c. Non-discrimination, Best interest of child, Survival and Development, Child participation

15. What do you mean by Best interest of child? Please give an example.

16. What do you mean by Child Protection?

- a. Protecting children from different forms of harms
b. Protecting children from sexual exploitation
c. Protecting children from abuse

17. What are the harms against children?

- a. Abuse, exploitation, neglect, violence
b. Abuse, exploitation, neglect
c. Abuse, exploitation, labor exploitation

18. What is the issues/concern of child protection?

- a. Child labor, worst forms of child labor, bonded child labor
b. Child Marriage
c. Commercial sexual exploitation
d. Street children
e. Children affected by armed conflict
f. All above

19. What is meant by child abuse?

- a. Child abuse is bad behavior/maltreatment/ill-treatment to children.
b. Sexual exploitation and labor exploitation.
c. Abusive language.
d. Beatings.
e. Torture, cruel treatment, detention, handcuffing, etc.
f. All of the above

20. What are the forms of abuse?

- a. Emotional/Psychological Abuse
b. Physical Abuse
c. Sexual Abuse
d. Neglect
e. Verbal Abuse
f. All above

21. How do you define the child sexual abuse?

- a. Any treatment of children with sexual intent/connotation.
b. Teasing children.
c. Both above

22. The followings are the forms child sexual abuse.

- a. Child abuse with physical contact

- b. Child abuse without physical contact
- c. Both above

23. What are the negative consequences/effects of child sexual abuse?

- a. Effects on Physical, mental and family
- b. Sleep disorder/Insomnia/Sleeplessness
- c. Criminal mind-set
- d. Animosity/Antipathy
- e. Wounds, Injuries
- f. All above

24. What is the meaning of child exploitation?

- a. Misuse of children by adults for their own benefits.
- b. Use of children by adults for their own benefits.
- c. Exploitation of children by adult taking advantage of a particular situation
- d. All above.

25. What do you mean by child sexual exploitation?

- a. involve in prostitution for economic benefit & profit.
- b. Involve in sexual activities for economic benefit & profit.
- c. Human trafficking and bonded/stocked for economic benefit & profit.
- d. Misuses of child for pornography.
- e. All above

26. Write the full form of CBCPM/CBCPN. Who are the members of CBCPM/CBCPN?

27. Write down the full form of LCRC/WCRC and how many members are there in LCRC/WCRC?

28. Write down the full form of BIA and BID.

29. What are the general steps of case management process?

30. Write down the full form of PSP.

31. Write down the full form of PFA.

32. What are the principles of PFA?

33. Write down the full form of PSC.

34. How you understand about psychosocial problem?

35. What are the causes of psychosocial problem?

36. What is Psychosocial Counseling?

37. Write down the full form of SOLER. When it is needed?

38. What are the important components in Self Care Wheel?

39. When is the International Child Right Day?

- a. 14 September b. 20 November c. 12 June d. 19 November

40. When is the International Girl Child Day?

- a. 14 September b. 20 November c. 11 October d. 25 November

41. When is the International Day of Sexual Abuse?

- a. 14 September b. 20 November c. 11 October d. 19 November

42. When is the National Children's Day?

- a. Bhadra 4, b. Bhadra 20, c. Bhadra 5, d. Bhadra 29.

43. When is the world day against child labor?

- a. 14 September b. 20 November c. 11 October d. 12 June

44. What is the age limitation/minimum age of child for involvement in any forms of labor ?

a. 10 Years, b.12 Years, c. 14 Years, d. 18 Years

45. What do you mean by case meeting/case conference?

Thank you!

Post-Test Questionnaire for 1-Day, 2-Day, 3-Day, 5-Day & 7-Day

Case Management Training

Post Evaluation Questionnaire

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34. How you understand about psychosocial problem?

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44. What is the age limitation/minimum age of child for involvement in any forms of labor?

a. 10 Years, b. 12 Years, c. 14 Years, d. 18 Years

45. What do you mean by case meeting/case conference?

Thank you!

Answer Key: Pre-Test/ Post Test Questionnaire for 1-Day, 2-Day, 3-Day, 5-Day & 7-Day

Case Management Training

Answer Key

1. Children are the following people .

- a. Below 14 years b. Below 16 years **c. Below 18 years** d. Below 12 years

2. Who is the Pioneer of Child Right?

- a. Henry Duna **b. Eglantyne Jebb** c. Nelson Mandela

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12. How many indicators are there in Child Friendly Local Governance (CFLG)?

- a. 29 b.39 **c.51** d.69

13. What are the four dimensions of child right?

- a. **Right to survival, Right of protection, Right to development, Right to participation.**
b. Right to survival, Right to protection, Right to education, Right to participation.
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14. What are the principles of Child Right?

- a. Non-discrimination, Inclusive, survival and development, child participation
b. Non-discrimination, Best interest of child, Survival and Development, Respect the views of the child.
c. Non-discrimination, Best interest of child, Survival and Development, Child participation

15. What do you mean by Best interest of child? Please give an example.

Choosing the best option for child is the best interest of child.

In other hand, Best interests or best interests of the child is a child rights principle, which derives from Article 3 of the UN Convention on the Rights of the Child, which says that “in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration”. Assessing the best interests of a child means to evaluate and balance “all the elements necessary to make a decision in a specific situation for a specific individual child or group of children”.

16. What do you mean by Child Protection?

- a. Protecting children from different forms of harms**
b. Protecting children from sexual exploitation
c. Protecting children from abuse

17. What are the harms against children?

- a. Abuse, exploitation, neglect, violence**
b. Abuse, exploitation, neglect
c. Abuse, exploitation, labor exploitation

18. What is the issues/concern of child protection?

- a. Child labor, worst forms of child labor, bonded child labor
b. Child Marriage
c. Commercial sexual exploitation
d. Street children
e. Children affected by armed conflict
f. All above

19. What is meant by child abuse?

- a. Child abuse is bad behavior/maltreatment/ill-treatment to children.**
b. Sexual exploitation and labor exploitation.
c. Abusive language.
d. Beatings.
e. Torture, cruel treatment, detention, handcuffing, etc.
f. All of the above

20. What are the forms of abuse?

- a. Emotional/Psychological Abuse
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- e. Verbal Abuse
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21. How do you define the child sexual abuse?

- a. Any treatment of children with sexual intent/connotation.
- b. Teasing children.
- c. Both above

22. The followings are the forms child sexual abuse.

- a. Child abuse with physical contact
- b. Child abuse without physical contact
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23. What are the negative consequences/effects of child sexual abuse?

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- d. Misuses of child for pornography.

e. All above

26. Write the full form of CBCPM/CBCPN. Who are the members of CBCPM/CBCPN?

CBCPM: Community Based Child Protection Mechanism

CBCPN: Community Based Child Protection Network

Representatives from formal and informal sector, group and network who are working with children in that particular community.

27. Write down the full form of LCRC/WCRC and how many members are there in LCRC/WCRC?

LCRC: Local Child Right Committee

WCRC: Ward Child Right Committee

Executive member is the coordinator of LCRC at Municipality level. Others members are ward representatives, Child club network, youth network, women and organizations working with children.

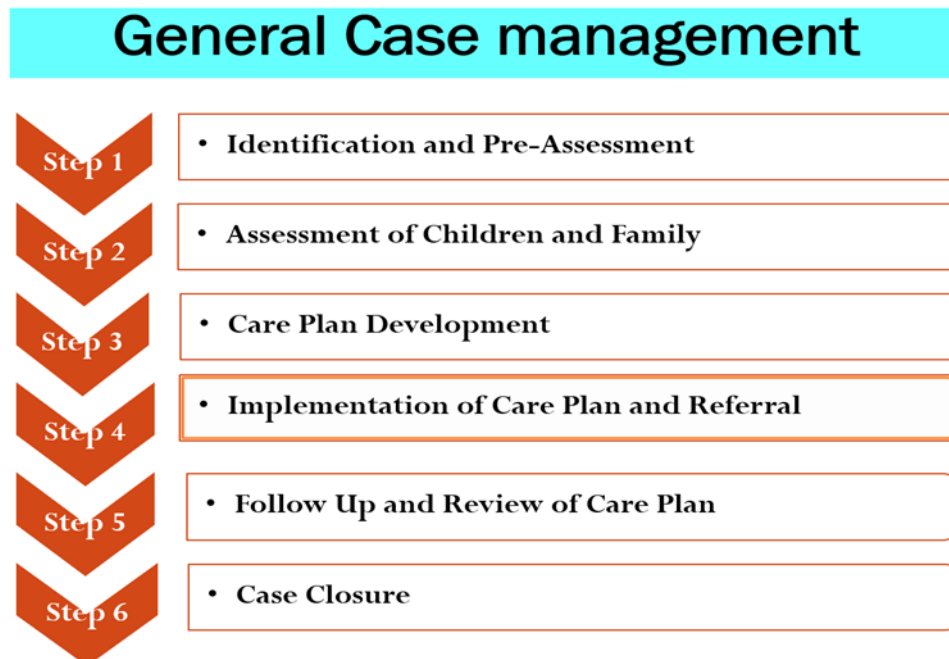
Ward chair is the coordinator for WCRC and other members are ward representatives, Child club network, youth network, women and organizations working with children

28. Write down the full form of BIA and BID.

BIA: Best Interest Assessment

BID: Best Interest Determination

29. What are the general steps of case management process?



30. Write down the full form of PSP.

PSP: Primary Service Provider

31: Write down the full form of PFA.

PFA: Psychological First Aid

32. What are the principles of PFA?

3L: Look, Listen, Link

33. Write down the full form of PSC.

PSC: Psychosocial Counseling.

34. How you understand about psychosocial problem?

Psychosocial problems simply refer to the difficulties faced by person in different aspects of personal and social functioning which leads abnormal behavior and affects his/her daily life as well. Psychosocial problems are problems that arise from the mismatch between the mind and society; Or Problems arising from psychological and social bases are called psychosocial problems.

35. What are the causes of psychosocial problem?

- Natural disasters - floods, fires, hurricanes, earthquakes, epidemics,
- Violence - Violence against women and children, sexual abuse, abuse, sexual and sexual violence.
- Family quarrels or fights.
- Torture, discrimination, or neglect.
- Failure.
- Accident.
- Family or social separation.
- Chronic disease (chronic disease).
- Weak economic condition.
- Conflict.
- Engaging children in the worst form of labor/work.
- Not appreciating emotions.
- Not having equal participation.

- Unpleasant incidents of childhood, abuse.
- Use of drugs.

36. What is Psychosocial Counseling?

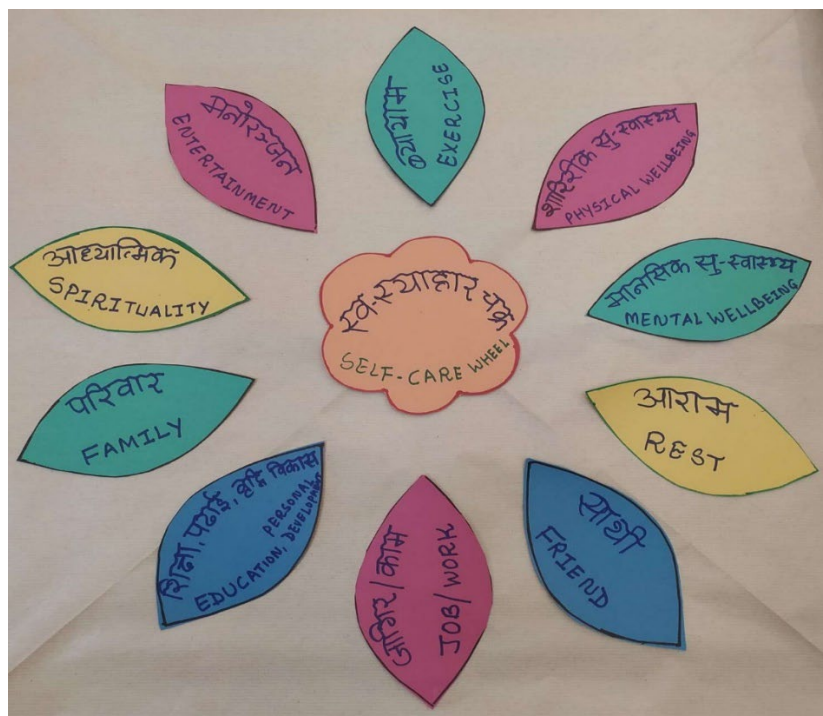
Psychosocial counseling is the counseling or communication between the affected person and the psychosocial counsellor/helper for the purpose of changing the current problem, difficulty, or behavior of the person affected by the psychosocial problem.

37. Write down the full form of SOLER. When it is needed?

- S: Sitting Position
- O: Open posture
- L: Leaning towards
- E: Eye Contact
- R: Relax

SOLER is needed during Psycho-Social Counseling

38. What are the important components in Self Care Wheel?



39. When is the International Child Right Day?

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a. 10 Years, b. 12 Years, c. 14 Years, d. 18 Years

45. What do you mean by case meeting/case conference?

Case meeting/case conference is the meeting among concerned expert, individuals and stakeholders who are directly related to case which also consider the best interest of children at risk.

Thank you!

Pre-Test Questionnaire for 10-Day TOT on Case Management & Basic Helping Skills

10 Days Training of Trainers on Case Management and Basic Helping Skills

Pre-Test Questionnaire

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- a.
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41. What is Triage? Describe about the importance of triage during case management process.

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47. What are the Psychosocial Wellbeing Pillars?

- a.
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- c.
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52. What are those basic helping skills during psychosocial counseling?

- a.
- b.
- c.
- d.
- e.
- f.

53. What are those situations where group management skills need to be applied during psychosocial counseling?

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57. How many major steps of training? What are those steps?

- a.
- b.
- c.

58. What are the activities during pre-training stage?

59. What are the steps of training cycle?

- a.
- b.
- c.
- d.
- e.
- f.

60. What are the qualities of training facilitators?

- a.
- b.
- c.
- d.
- e.
- f.

61. The facilitator should consider the following things during training management.

- a. Participants
- b. Process
- c. Resource
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62. What are the managerial tasks of training facilitator?

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63. What is the method generally used in training?

- a. Brainstorming
- b. Small group discussion
- c. Focus Group Discussion
- d. Lecture/Didactic
- e. Roleplay
- f. Snow Balling
- g. Case Study
- h. All above

64. Describe about Sandwich Feedback Model with picture.

65. The following things should be considered in training session plan

- a. INTRO
- b. BODY
- c. CONS
- d. All Above

Thank You!

Post-Test Questionnaire for 10-Day TOT on Case Management & Basic Helping Skills

10 Days Training of Trainers on Case Management and Basic Helping Skills

Post Evaluation Questionnaire

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- f. Snow Balling

- g. Case Study
- h. All above

64. Describe about Sandwich Feedback Model with picture.

65. The following things should be considered in training session plan

- a. INTRO
- b. BODY
- c. CONS
- d. All Above

Thank You!

Answer Key: Pre/Post-Test Questionnaire for 10-Day TOT on Case Management & Basic Helping Skills

10 Days Training of Trainers on Case Management and Basic Helping Skills Pre/Post Assessment Answer Key

1. Children are the following people .

- a. Below 14 years b. Below 16 years **c. Below 18 years** d. Below 12 years

2. Who is the Pioneer of Child Right?

- a. Henry Duna **b. Eglantyne Jebb** c. Nelson Mandela

3. Write down the full form of UNCRC.

United Nation's Convention on the Rights of Child (UNCRC).

4. When was the Convention on the Rights of the Child ratified by the United Nation?

- a. 14 Sep 1990 b. **20 November 1989** c. 11 Oct 2014 d. 11 Sep 1989

5. When was the Convention on the Rights of the Child ratified by the Government of Nepal?

- a. **14 Sep 1990** b. 20 November 1989 c. 11 Oct 2014 d. 11 sep 1989

6. When is the International Child Right Day?

- a. 14 September b. **20 November** c. 12 June d. 19 November

7. When is the International Girl Child Day?

- a. 14 September b. 20 November c. **11 October** d. 25 November

8. When is the International Day of Sexual Abuse?

- a. 14 September b. 20 November c. 11 October d. **19 November**

9. When is the National Children's Day?

- a. Bhadra 4, b. Bhadra 20, c. Bhadra 5, d. **Bhadra 29.**

10. When is the world day against child labor?

- a. 14 September b. 20 November c. 11 October d. **12 June**

11. What is the age limitation/minimum age of child for involvement in any forms of labor?

- a. 10 Years, b. 12 Years, c. **14 Years**, d. 18 Years

12. When the latest Children's Act was enacted/approved?

- a. Children Act 2045,
b. Children Act 2048,
c. **Children Act 2075**

13. When the Children's Rules was enacted/approved?

- a. Children's Rules, 2045,
b. Children's Rules, 2048,
c. **Children's Rules, 2051**

14. When was Child Labor (Prohibition and Regulation) Act approved?

- a. Child Labor (Prohibition and Regulation) Act, 2051
b. Child Labor (Prohibition and Regulation) Act, 2055
c. **Child Labor (Prohibition and Regulation) Act, 2056**

15. When was Child Labor (Prohibition and Regulation) Rules approved?

- a. Child Labor (Prohibition and Regulation) Rules 2061,
- b. Child Labor (Prohibition and Regulation) Rules 2062,
- c. Child Labor (Prohibition and Regulation) Rules 2063.

16. Following is the National Master Plan for Elimination of Child Labor (NMP for ECL-II).

- a. Master plan for Elimination of Child Labor 2065-2075
- b. Master plan for Elimination of Child Labor 2075-2085
- c. Master plan for Elimination of Child Labor 2070-2080

17. How many targeted categories of child labors are identified in National Master Plan for Elimination of Child Labor (NMP-II)?

- a. 7,
- b. 17,
- c. 21,
- d. 27

18. When was approved/enacted Local Government Operation Act?

- a. Local Government Operation Act, 2073
- b. Local Government Operation Act, 2074
- c. Local Government Operation Act, 2075

19. How many indicators are there in Child Friendly Local Governance (CFLG)?

- a. 29
- b. 39
- c. 51
- d. 69

20. Which is the authorized body for the approval of CFLG declaration?

- a. Executive Body
- b. District Co-ordination Committee,
- c. Province Government-Liaison/Contact Ministry
- d. Federal Government- Liaison/Contact Ministry

21. What are the four dimensions of child right?

- a. Right to survival, Right of protection, Right to development, Right to participation.
- b. Right to survival, Right to protection, Right to education, Right to participation.
- c. Right to survival, Right to protection, Right to health, Right to participation

22. What are the principles of Child Right?

- a. Non-discrimination, Inclusive, survival and development, child participation
- b. Non-discrimination, Best interest of child, Survival and Development, Respect the views of the child.
- c. Non-discrimination, Best interest of child, Survival and Development, Child participation

23. What do you mean by Best interest of child? Please give an example.

Choosing the best option for child is the best interest of child.

In other hand, **Best interests or best interests of the child** is a child rights principle, which derives from Article 3 of the UN Convention on the Rights of the Child, which says that "in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration". Assessing the best interests of a child means to evaluate and balance "all the elements necessary to make a decision in a specific situation for a specific individual child or group of children".

24. What do you mean by Child Protection?

- a. Protecting children from different forms of harms
- b. Protecting children from sexual exploitation
- c. Protecting children from abuse

25. What are the harms against children?

- a. Abuse, exploitation, neglect, violence
- b. Abuse, exploitation, neglect
- c. Abuse, exploitation, labor exploitation

26. What is the issues/concern of child protection?

- a. Child labor, worst forms of child labor, bonded child labor
- b. Child Marriage
- c. Commercial sexual exploitation
- d. Street children
- e. Children affected by armed conflict
- f. All above

27. What is meant by child abuse?

- a. Child abuse is bad behavior/maltreatment/ill-treatment to children.
- b. Sexual exploitation and labor exploitation.
- c. Abusive language.
- d. Beatings.
- e. Torture, cruel treatment, detention, handcuffing, etc.
- f. All of the above

28. What are the forms of abuse?

- a. Emotional/Psychological Abuse
- b. Physical Abuse
- c. Sexual Abuse
- d. Neglect
- e. Verbal Abuse
- f. All above

29. How do you define the child sexual abuse?

- a. Any treatment of children with sexual intent/connotation.
- b. Teasing children.
- c. Both above

30. The followings are the forms child sexual abuse.

- a. Child abuse with physical contact
- b. Child abuse without physical contact
- c. Both above

31. What are the negative consequences/effects of child sexual abuse?

- a. Effects on Physical, mental and family
- b. Sleep disorder/Insomnia/Sleeplessness
- c. Criminal mind-set
- d. Animosity/Antipathy
- e. Wounds, Injuries
- f. All above

32. What is the meaning of child exploitation?

- a. Misuse of children by adults for their own benefits.
- b. Use of children by adults for their own benefits.
- c. Exploitation of children by adult taking advantage of a particular situation
- d. All above.

33. What do you mean by child sexual exploitation?

- a. involve in prostitution for economic benefit & profit.
- b. Involve in sexual activities for economic benefit & profit.
- c. Human trafficking and bonded/stocked for economic benefit & profit.
- d. Misuses of child for pornography.

e. All above

34 Write the full form of CBCPM/CBCPN. Who are the members of CBCPM/CBCPN?

CBCPM: Community Based Child Protection Mechanism

CBCPN: Community Based Child Protection Network

Representatives from formal and informal sector, group and network who are working with children in that particular community.

35. Write down the full form of LCRC/WCRC and how many members are there in LCRC/WCRC?

LCRC: Local Child Right Committee

WCRC: Ward Child Right Committee

Executive member is the coordinator of LCRC at Municipality level. Others members are ward representatives, Child club network, youth network, women and organizations working with children.

Ward chair is the coordinator for WCRC and other members are ward representatives, Child club network, youth network, women and organizations working with children

36. Which is the local level structure as per Children Act, 2018?

- a. Child Welfare Committee b. Child Right Committee c. Child Right Council
d. Child Development Committee e. All above

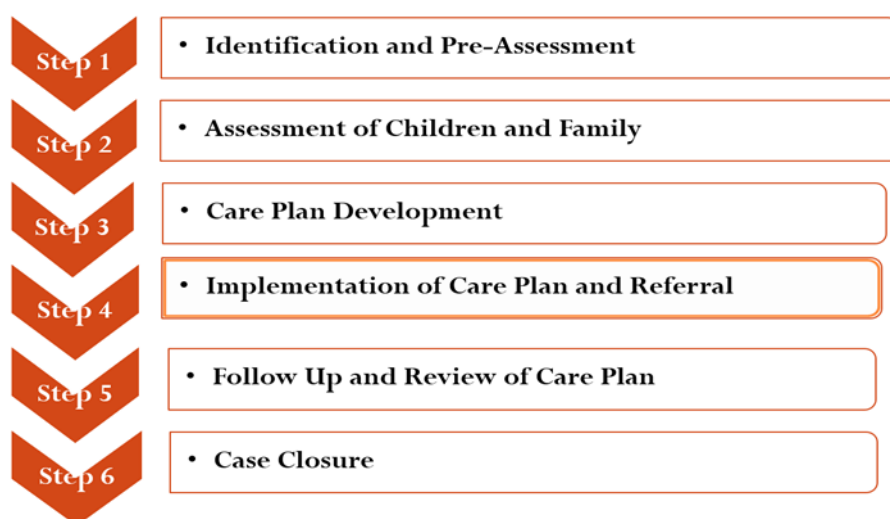
37. Write down the full form of BIA and BID.

BIA: Best Interest Assessment

BID: Best Interest Determination

38. What are the general steps of case management process?

General Case management



39. Write down the full form of PSP.

PSP: Primary Service Provider

40. What do you mean by case meeting/case conference?

Case meeting/case conference is the meeting among concerned expert, individuals and stakeholders who are directly related to case which also consider the best interest of children at risk.

41. What is Triage? Describe about the importance of triage during case management process.

- Triage is French word. Triage means to separate, sort and select.

- Triage is a process to classify, select and sort out the service seekers based on the emergency, urgency, complexity and seriousness of the case/condition.
- The risk assessment is done based on the emergency, sensitiveness, complexity and seriousness of the case/condition

42. What is the level of Risk Assessment?

- a. High Risk
- b. Medium Risk
- c. तीव्र Risk
- d. No Risk

43: Write down the full form of PFA.

PFA: Psychological First Aid

44. What are the principles of PFA?

3L: Look, Listen, Link

45. Write down the full form of PSC.

PSC: Psychosocial Counseling.

46. How do you understand about Psychosocial?

A psychosocial approach to human behavior involves the relation between intrapersonal psychological and social aspects. Psychosocial characteristics are a term used to describe the influences of social factors on an individual's mental health and behavior.

47. What are the Psychosocial Wellbeing Pillars?



Feeling Safe- Safety, Security & Stability



Feeling Connected- Relationships, Bonds & Networks



Feeling Acknowledged, Worthy- Roles & Identity



Feeling Respected- Justice & Rights



Feeling Hopeful- Hope & Meaning

48. How you understand about psychosocial problem?

Psychosocial problems simply refer to the difficulties faced by person in different aspects of personal and social functioning which leads abnormal behavior and affects his/her daily life as well. Psychosocial problems are problems that arise from the mismatch between the mind and society; Or Problems arising from psychological and social bases are called psychosocial problems.

49. What are the causes of psychosocial problem?

- Natural disasters - floods, fires, hurricanes, earthquakes, epidemics,
- Violence - Violence against women and children, sexual abuse, abuse, sexual and sexual violence.
- Family quarrels or fights.
- Torture, discrimination, or neglect.
- Failure.

- Accident.
- Family or social separation.
- Chronic disease (chronic disease).
- Weak economic condition.
- Conflict.
- Engaging children in the worst form of labor/work.
- Not appreciating emotions.
- Not having equal participation.
- Unpleasant incidents of childhood, abuse.
- Use of drugs.

50. What are symptoms of Psychosocial Problem?

Symptoms of Psychosocial Problems			
A. Symptoms and Effects seen in the Mind	B. Physical Symptoms and Effects	C. Symptoms and Effects seen in Behavior	D. Symptoms and Effects of Social Relationships
<ul style="list-style-type: none"> • To be sad • Pain and stress. • Keep worrying • Feeling lonely. • Suspicious. • Get angry • Feeling low self-esteem. • Being confused and forgetting etc. 	<ul style="list-style-type: none"> • Getting tired quickly. • Ringing. • Diarrhea. • Joint pain. • Headache, stomachache. • Pain in the body. • Tingling in the hands and feet. • Vomiting. • Body heat/body warming . • Having high blood pressure etc. 	<ul style="list-style-type: none"> • To be quarrelsome/ fighting • To be aggressive/ being aggressive. • No work/ doing nothing. • Likes to be alone. • Not speaking or talking too much. • Don't like to eat. • Drug use. • To be restless/ being restless • Decreased sexual desire. • Sleep disturbances etc. 	<ul style="list-style-type: none"> • Deteriorating relationships with other people. • Alone or away. • To be divorced. • Stay away from friends and relatives. • Engaging in anti-social activities etc.

51. What is Psychosocial Counseling?

Psychosocial counseling is the counseling or communication between the affected person and the psychosocial counsellor/helper for the purpose of changing the current problem, difficulty, or behavior of the person affected by the psychosocial problem.

52. What are those basic helping skills during psychosocial counseling?

- Rapport Building
- Respect of the Participant
- Understanding of Culture, Gender & Language
- Confidentiality
- Communicating Concern/Issue/Problem
- Non-Verbal Communication Skills
- Verbal Communication Skills
- Praising Openness
- Validity
- Putting aside your personal values

k. Giving Advice

l. Empathy

53. What are those situations where group management skills need to be applied during psychosocial counseling?

a. Keeping to time without cutting short valuable group discussion

b. Managing participants who dominate sessions

c. Managing distressed individuals

d. Encouraging discussion in a quiet group

e. Managing group discussions that go off-topic or identify unhelpful strategies or strategies outside of Basic Helping Skills

f. Participants disclosing too much information

g. What to do if a participant drops out or attends late or irregularly, etc.

h. Participants experiencing ongoing violence

i. If the participants missed the session/sessions

54. Write down the full form of SOLER. When it is needed?

- S: Sitting Position

- O: Open posture

- L: Leaning towards

- E: Eye Contact

- R: Relax

SOLER is needed during Psyche-Social Counseling

55. What are types of communication skills during Psycho-Social Counseling? Give the example.

Communication

Communication Skills

- Verbal Communication Skills
- Non-Verbal Communication Skills

Communication Skills

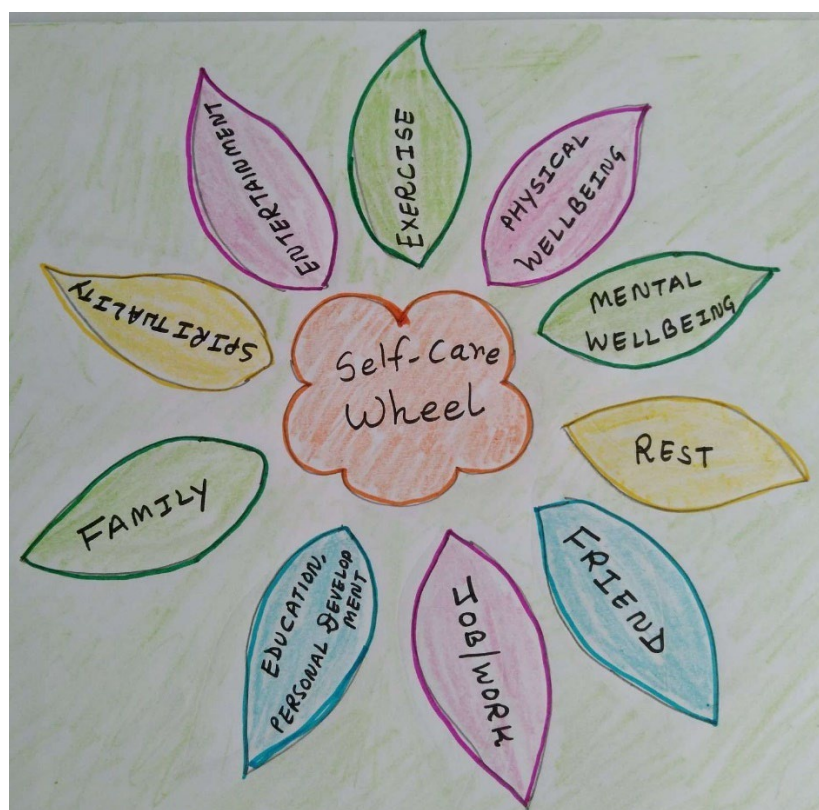
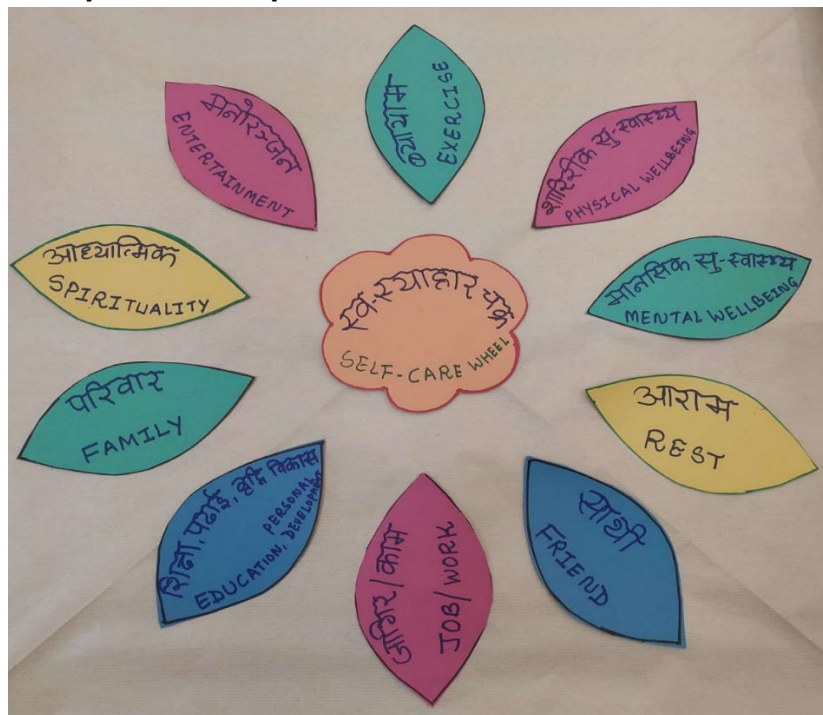
Verbal Communication Skills

- Active Listening
- Questioning Skills
- Reflection
- Summarization

Non-Verbal Communication skills

- Attentive
- Non-Verbal Response/Message
- Silence

56. What are the important components in Self Care Wheel?



57. How many major steps of training? What are those steps?

- a. Pre-training
- b. During training
- c. Post training

58. What are the activities during pre-training stage? The following things should be ensured in preparation for the training/Pre-Training stage:

- Participants, Selection of participant.
- Training period.
- Venue/Place of training.
- Training Instructor / Facilitator.
- Pre- and Final Assessment Questionnaire and Answer Sheet.
- Financial resources.
- Training materials - for trainers and trainees / participants.
- Training Hall / Room.
- Training schedule / session plan

59. What are the steps of training cycle?

1. Training Need Assessment (TNA)
2. Training Design
3. Training Implementation
4. Training Evaluation 'A' (=End of the Training Programme Evaluation)
5. Training Follow-up
6. Training Evaluation 'B'/ Outcome Evaluation/ Post Training Evaluation

60. What are the qualities of training facilitators?

- a. Training Needs Analyst
- b. Training Programme Designer
- c. Training Material Producer
- d. Training Programme Moderator/Facilitator
 - Training Programme Administrator
 - Training Programme Coordinator
 - Training Programme Monitor
 - Subject Matter Specialist
 - Trainer/Instructor/Facilitator/Animator
 - Audio-Visual Training Aid/Equipment Operator
- e. Training Programme Evaluator
- f. Training Follow-up Coordinator
- g. Training Consultant/Human Resource Development Specialist

e. All above

62. What are the managerial tasks of training facilitator?

- a. Training planning and training schedule preparation
- b. Training delivery and control/management
- c. Training evaluation/feedback/reporting

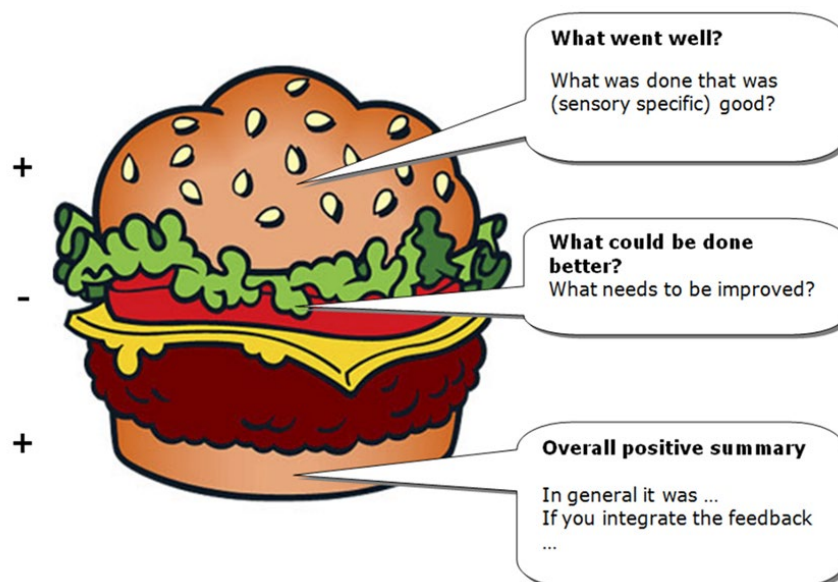
d. All Above

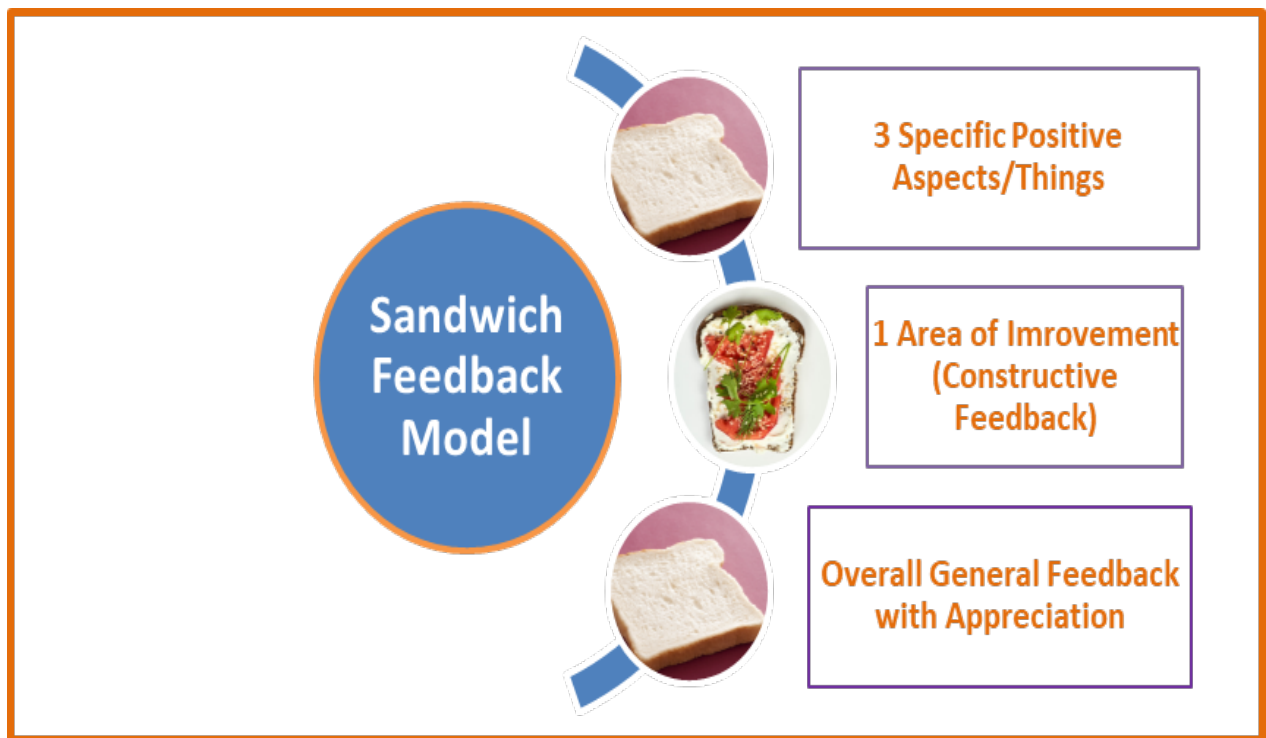
63. What is the method generally used in training?

- a. Brainstorming
- b. Small group discussion
- c. Focus Group Discussion
- d. Lecture/Didactic
- e. Role-play
- f. Snow Balling
- g. Case Study

h. All above

64. Describe about Sandwich Feedback Model with picture.





65. The following things should be considered in training session plan

- a. INTRO
- b. BODY
- c. CONS
- d. All Above

Thank You!

Pre & Post Evaluation Score Sheet

[illegible]

Action Plan Template

Action Plan for Municipality

Proposed Plan of Action					
Name of Municipality:					
Address:					
Name of Focal Person:					
Contact No.:					
S.N.	Activity	When	Main Responsibility	Support Needed	Remarks

Individual Action Plan (Only for TOT)

TRAINING OF TRAINERS (TOT) ON CASE MANAGEMENT & BASIC HELPING SKILLS FOR CASE WORKERS							
DATE:							
INDIVIDUAL ACTION PLAN							
NAME OF PARTICIPANT: CONTACT NO.:							
SN	ACTIVITY/WHAT	WHEN	WHERE	FOR WHOM	HOW	SUPPORT NEEDED	RESOURCE/ BUDGET NEEDED

Organizational Action Plan (Only for TOT)

TRAINING OF TRAINERS (TOT) ON CASE MANAGEMENT & BASIC HELPING SKILLS FOR CASE WORKERS							
DATE:							
ORGANIZATIONAL ACTION PLAN							
NAME OF ORGANIZATION: FOCAL PERSON: CONTACT NO. :							
SN	ACTIVITY/WHAT	WHEN	WHERE	FOR WHOM	HOW	SUPPORT NEEDED	RESOURCE/ BUDGET NEEDED

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About Author

Nita Gurung, born in 1974, is certified Training of Trainers in 1998 while working in NARMSAP, DANIDA after her graduation in B.Sc. Agriculture from Tribhuvan University. She earned Post Graduate Diploma in Women's Studies/Gender Studies in 2003, Master's Degree in Child Rights, and Gender Socialization from Tribhuvan University, Nepal, 2006 and M.Phil. Specialization in Development Studies from Kathmandu University, Nepal, 2012. In addition, she has huge experience on protection and case management since two decades where she contribute to develop Case Management Guideline and Roll out of Case Management in Nepal in coordination with Inter-Agency Working Group including UNICEF Nepal while working as Programme Manager for Nepal Government, Ministry of Women, Children and Social Welfare, Central Child Welfare Board, Harihar Bhawan, Pulchowk, Lalitpur, Nepal. She has attended Injury Surveillance System (ISS) based on Child Protection Case Management, organized by UNICEF in Dubai, UAE in 2012. She is rewarded as International Visitor and attended Case Management, International exposure visit to USA (Children in US Justice System, organized by U.S Department of State) in 2016.

However, she got opportunity to learn some valuable IASC Global Documents through National Protection Cluster, UNICEF & Global Protection Cluster such as Minimum Standard for Child Protection Case Management in Humanitarian Action (CPMS), Mental Health & Psychosocial Support in Humanitarian Emergencies, Guideline for Integrating Gender-Based Violence Interventions in Humanitarian Action, now she is certified PFA Trainer in 2015, CPMS Trainer in 2016, Psychosocial Counsellor in 2017, Women Wellness & Empowerment/ Self-Care/ Transformation in 2017 Social & Financial Training Package (Rupantaran-Life Skills) in 2018, Essential Service Package to women & Girls subject to Violence in 2019, MHPSS Framework, Towards Psychosocial Resilience & Wellbeing, Operational Guidance in 2020, Certified Trainer on Problem Management Plus (PM+), WHO Protocol and Psychosocial Support Supervision through Digital Platform EQUIP in 2021.

Now, she has huge experience on Technical Assistance to government stakeholders, private sectors, & CSOs for social reintegration, case management, psychosocial counseling of trafficking survivors, child labor, GBV survivors, & MHPSS; Policy advocacy for 3R-Rescue/Reunification & Reintegration Guideline, Kamalari rehabilitation guideline, children related policies; Developed & implemented gender & diversity policy, safeguarding policy, & gender audit training manual; Technical support in human trafficking, girl's advocacy, child rights, unsafe migration; sexual exploitation & abuse, & psychosocial counseling; Capacity building of government counterparts, private sectors, CSOs, elected representatives, & project team in gender mainstreaming, gender audit, protection, gender-based violence, gender & diversity. Adaptive project management, including project monitoring, information management, reporting, HR management, finance and administrative management.

Her areas of expertise are Policy advocacy; Technical assistance to government stakeholders, private sectors & CSO; Social reintegration, child protection, gender-based violence, mental health & psychosocial support (MHPSS); Psychosocial counseling, psychological First Aid, self-care, problem management plus (PM+), basic helping skills; gender mainstreaming Gender audit, gender & diversity. Economic and social empowerment; Rupantaran life skills; Survivor centric approach & human right-based approach. Coordination & networking with government stakeholders, private sectors & CSOs; Adaptive project management in COVID situation; Planning, monitoring & evaluation with GESI lens, data & information management, report writing, human resource management, finance, & administrative management.

After Nepal Earthquake, 2015, She facilitated more than 30 trainings for UNICEF Nepal, Plan International, World Vision International, Save the Children International, Stromme Foundation and its partners on Child Protection Case Management. Currently, she is working as Child Labor & Migration Programme Coordinator and National Child Safeguarding Focal Point for Terre des hommes Foundation, Nepal Country Office. She contributed to enhance the capacity of more than 100 Trainers & Facilitators on Case Management and Basic Helping Skills, more than hundreds PFA Volunteers and more than dozen of CPSWs during COVID-19 Pandemic.

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