

CHAPTER III

Proposal

Child Advocacy: An Intervention to Reduce the “Worst Form” of Street Child Labour and its Adverse Effects in Kathmandu, Nepal

3.1 Introduction

The striking beauty of Nepal’s landscape stands in stark contrast with the country’s widespread poverty. Nepal remains one of the poorest countries in the world, with more than 9 million people living below the international poverty line (World Bank, 2000).

CWIN (1998) reported that there are more than 30,000 children working on the streets of Nepal out of them 5,000 children working on the various streets of Kathmandu. Street child workers of Kathmandu do not receive any health, education or social services from the state (ILO, 1995). The street child workers come into Kathmandu from more than 30 districts of Nepal (CWIN, 1999). 71 percent of total street child workers in Kathmandu migrated from rural areas (Baker, Panter and Todd, 1997).

ILO (1995) reported that 46 percent of total street child workers in Kathmandu are surviving on rag picking. Including rag picking, street child workers are involved in luggage carrying, construction work, begging, employed vending, helping at shops, pick pocketing, drug trafficking and, prostitution in Kathmandu (UNICEF, ILO, 1994). Involvement of girl street child workers in the street of Kathmandu is relatively low. ILO (1995) reported that only 4 percent of total street child workers are girl street child workers. Gorkhapatra (1999) reported that street child workers are getting 12 Nepali Rupees (.17 USD) per day, which is not even enough to take one meal. It has been reported that child labour is increasing by 18.1 percent each year (Kantipur, 1999).

The increasing rate of child labour and involvement of street child workers in hazardous work may cause damage to health, safety and moral for the increasing number of street child workers in Kathmandu.

3.2 Definitions

3.2.1 What is Advocacy?

From a general perspective advocacy is an act of supporting target groups in expressing their needs and demands. Sometimes this involves the creation of a situation where target group or concerned people can express themselves and be heard. Advocacy can be defined in two ways one is advocacy as a value and other is as a categorization.

3.2.1.1 Advocacy as a Value

Some people defined advocacy as a process of change however others define it as a value. “Advocacy views values as being at the center of the debate about human rights” (Paul, Ronald, and pelosi 1977, p.5).

3.2.1.2 Advocacy as a Categorization

Throughout the advocacy literature the difference between class and case intervention is noted. Case advocacy refers to those efforts intended to secure for a specific individual, whereas class advocacy envisions support for specific classes and groups of the society.

1. Class advocacy: “working to effect changes in policies, practices and laws that affect all people in a specific class and or group” (Hepworth and larsen 1993, p.23).

2. Case advocacy: “The case advocacy role in social work is usually described in terms of helping others getting needed services, resources or entitlements.” (Friesen and Poertner, 1995, p.31).

3.2.2 What is Child Advocacy?

The historical roots of the modern child advocacy movement can be traced back to the end of 18th century. Child advocacy at the beginning was concerned with ‘is’ and ‘for’ the children. However, child advocacy in the current era has been focusing on the following: ‘is’, ‘for’, ‘of’ and ‘by’ the children (CWIN, 1998). For the purpose of this study child advocacy is:

‘ Intervention on behalf of children in relation to acquires access to health and social services and raising awareness on the rights of street child workers’ (Adapted from; Khan, Kamerman and Gowan, 1973, p. 14).

3.2.3 On Behalf of Children Versus in Behalf of Children:

The definition of child advocacy as intervention on behalf of children contains an important semantic distinction derived from the difference between the legal concept of action on behalf client and action in behalf of client. In a legal perspective, those who act in behalf of another are under no obligation to consult with the person they represent. They act as independent agents who are only obligated to pursue what they consider to be in the best interest of their client (Child hope, 1999). In contrast to this, acting on behalf of another implies that the representative is acting ‘on the part of’ or in the name of their client. Acting on behalf of someone means being accountable to that person (Bersoff, 1976). Act on rather than in, is the perspective used in the UNCRC’s declaration which includes that, every child has right to participate in the decision making process that will affects children’s life (UNCRC, 1989). It recognizes that, just because of being an adult, some one does not necessarily know better than children in talking about their issues.

3.2.4 From Case to Class

Many of the advocacy literature classified advocacy into two categories; one is class other is case. Class advocacy focuses on the change for a certain group of children, it usually seeks to alter administrative procedures, influence legislative

action and resolve the questions about the legal status of children in the society (Kahn, et. al, 1973). Case advocacy refers to those efforts intended to secure, for a specific individual, a particular response from a service delivery system. Case advocacy can lead to the identification of issues that need further attention because they can affect other children in the similar situation. In this way focus of advocacy proceeds in a logical manner from case to class and ultimately is helpful for the group of children.

3.2.5 Child Advocate:

A child advocate is a person who will be appointed to carry forward the child advocacy program in the target areas. He/she will be working on behalf of the street child workers and will assist them in their advocacy efforts. The first and foremost important reason why street child workers need an advocate is that they have little or almost no political power. Recent debates and lack of action on child care legislation effectively illustrate this point (Margolis, Lewis H, Salkind, Neilj, 1996).

Further there are three complementary sets of reasons that children need an advocate. First, children generally do not have development maturity to advocate for themselves (CWIN, 1999). Second, partly out of recognition of this inadequacy, but also in response to it, the political and bureaucratic institutions that design and implement policy exclude children from that process (Margolis, Lewis H, Salkind, Neilj, 1996). And thirdly to conduct the surveys to find out the situation before and after implementation of project.

3.2.6 Health

WHO has defined health in a broader spectrum. The terms complete physical, mental and social wellbeing can prove difficulties to measure. As stated by Last (1995), in 1984 WHO health promotion² defined health in a measurable perspective. For the purpose of this study following definition has been adapted.

“The extent to which an individual or a group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for every day life, not the objective of living; it is a positive concept, emphasizing social and personal resources as well as physical capabilities” (Last, 1995, p.73)

3.2.7 Safety

In a general perspective safety refers a defensive position. For the purpose of this study ‘safety indicates free as well as fearless from any kind of violence, arrest, injury and danger’.

3.2.8 Moral

Often moral is referred to as concerned with the distinction between right and wrong. For the purpose of this study ‘moral is concerned with accepted rules and standards of human behavior and more importantly it values the psychological action rather than physical condition’ (The Oxford Dictionary, 1995).

² Health Promotion: A Discussion Document. Copenhagen: WHO, 1984.

3.3 Rational

UNICEF, ILO (1994) reported that children are more susceptible to thermal stress and environmental changes and more sensitive to ionizing radiation. Street child workers have more chances to expose these problems because they have to spend most of their time on the street where there is no protection from thermal stress and environmental changes. To cope with the stress and environmental problems 25-90 percent of street child workers use substances. This data shows the diversity of the problem, which is different from place to place and hard to generalize. A group of authors reported that 37.7 percent street child worker in Kathmandu suffered from infectious disease (Baker, Panter and Todd, 1997).

The life style of street child workers is threatening their physical mental and cognitive development (CWIN, 1998). WHO (1999) reported that 48 percent of the risk of chronic disease is due to life style. In short; disease, poor life style and degraded environment are threatening the health and safety of street child workers on the street of Kathmandu, Nepal.

WHO (1993) reported that 53 percent of street child workers are being sexually active and 44 percent of sexually active street child workers have been forced to have sex. 60 percent of sexually active street child workers do not know what safe sex is. Child labour conference (1997) reported that street child workers have some time scavenged the food from the garbage and eat it. Further the life expectancy of street child workers has been reported to decrease by 4 years (Toybox, 1999).

There are other reasons that demonstrate the need of child advocacy. One of the most burning issues is that the street child workers are vulnerable to arrest, and in many cases taken from the city and dumped in some isolated spot, because public regularly demands that the streets be “cleaned up”(WHO, 1993). Government policies in some areas exploited the children inhumanly and illegally. For example ‘15 children in the age group of 11 to 12 years were arrested on the charge of creating public nuisance on 27 June 1997. Given the tourism campaign “visit Nepal year 1998”, the government had taken this step to lessen tourist vexation.’(CWIN, 1998).

Programs that have been launched for street child workers were not able to bring expected changes in their hazardous habit and behavior. An assessment on behavior change in rehabilitation centers showed little change. Following table helps us to analyze the results achieved in children’s rehabilitation center in Nepal.

Table No.: 3.1 Change in Habit/Behavior of Street Children.

Negative Habits	Sreet Children (At the beginning)	Recovered Street Children (After 1 year)	
	N	N	%
Smoking and chewing Tobacco	524	293	55.9
Drinking alcohol	122	34	27.9
Thieving	284	54	19.0
Pick-pocketing	36	7	19.4
Drug selling	16	3	18.5
Drug abuse	69	23	33.3
Exchanging sexual favor	32	12	37.5
Street addiction	384	164	42.7
Begging	489	369	75.5
Dominating character	17	10	58.8
Visiting prostitutes	5	3	60.0
Others	43	16	37.2

Source:- Modified from, *CWIN, 1998*

N = Number of children, % = Percentage of children at the beginning.

The total numbers of respondents were 738, many of them have been practicing more than one habit, thus the results in percentage indicates only the prevalence of specific problems among all respondents.

Negative habits as drinking alcohol, thieving, pick pocketing, drug selling, drug abuse and exchanging sexual favor did not change satisfactory. If we involve the children in the advocacy process they may control themselves. A child advocacy group governed by children can make rules and regulations that will directly

administer effective implementation of an advocacy project in the target area. “ A group of Nepali children are teaming up to establish and run their own wall newspaper through which to make their own voice heard” (CWIN, 1999). The social defense club leaded by adults also help children to monitor and administer the advocacy process. The child advocacy process has both advantages and disadvantages (see appendix C).

3.4 Objective

3.4.1 General Objective

To contribute in long term to the reduction of the “worst form” of street child labour in Kathmandu, Nepal

3.4.2 Specific Objectives

- To improve access to health centers, shelter houses and, vocational training centers for street child workers in the target areas.
- The development of a mechanism for establishing representative groups of street child workers and their immediate community which will make advocacy efforts eventual sustainable.
- To raise the awareness on the rights of street child workers among street child workers, their immediate community and employers in the target areas.

- To document problems associated with child abuse and prostitution in the target areas.

3.5 Project Description

The child advocacy program will be implemented in Kathmandu district of Nepal. Kathmandu is the capital and a highly populated district of Nepal. It has road linkages with several districts. Many poor people come to Kathmandu valley and settle in squatter areas. Due to poor socio-economic fabrics, natural disaster and peer influence children come to Kathmandu with an expectation of a better life (ILO, 1995). It has also been reported that due to its geographical face (surrounded by mountains) air pollution is seen as a growing problem in Kathmandu (UNDP, 1998). Literature reported that there are more than 5,000 street children working in hazardous conditions in Kathmandu (CWIN, 1998). Among the population of street child workers 4% girls have been reported.

There are several streets where children are living and working i.e. Bus station, New road, King's way, Kalimati, Themal etc. Street children who have missed their education and children that face the "worst form" of child labour will be included in the programme. However the project will not invite all 5,000 children at the same place. It will work in an organized and decentralized manner. For the purpose of capacity building the project intends to involve 18 street child workers and 7 adults from four streets and train them on group management and advocacy techniques. The child advocacy project will encourage the children to work for the 2,000 street child workers by forming a child advocacy group (CAG) in Kathmandu.

The children representatives from four target streets will develop the selection criteria and select 18 street child workers in the programme (please see annex F. for suggested inclusion criteria). The four streets will be selected based on accessibility, number of children (7 to 20) working on the street and the occurrence of violence as well as the interest of the children. The children representatives will be selected by having discussion with the children in target streets. The child advocacy group consisting out of 11 street child workers will be formed after the group management training. This group will start its activities to identify the major problems faced by the street child workers. The CAG will be able to get maximum participation of street child workers by using a local monitoring committee (LMC) consisting out of 7 street child workers that will be formed after group management training. this will help to motivate the members of the social defense club (SDC) that will be formed to support the advocacy activities of street child workers. The children representatives from CAG and advocate will appoint the 7 adults from all targeted streets. Both training in group management and advocacy techniques will be provided to 7 adults. After training the social defense club will be formed under the leadership and with full participation of adults.

An important aspect of the advocacy project is to make efforts sustainable. For that purpose the project needs to boost up self-esteem among the street child workers. Self-esteem of street child workers is affected by various socio-economic environments, and is an outcome of behavioral change.

3.5.1 Approaches

Advocacy approaches have been successfully implemented in various parts of the world. In most of the cases it has been used as a tool of the change (ILO, 1995). The important aspect of advocacy in the current era is to get participation of the targeted beneficiaries. Involvement of the beneficiaries in the advocacy process creates a feeling of ownership among the target beneficiaries that can lead to institutionalize the programs and process. Child advocacy intends to assist street children to speak out on their own behalf. The convention on the rights of the child highlights the child's right to express an opinion and to have that opinion taken into account (UNCRC, 1989). In many countries advocacy has been done by involving street child workers in certain child related issues (WHO, 1993).

Several achievements have been realized by children's initiation in the world. For example in Brazil thousands of street children have formed themselves into a powerful national movement. The movement was established in 1985 by street educators nationwide and brings together representatives from regional groups of street children at an annual national meeting. The first national meeting was held in 1986 by drawing attention to the experiences of street children. It highlighted the rights of all Brazilian children (Child Hope, 1999). In Nepal it has reported that CWIN's advocacy campaigns have woken up everyone at all levels from the community up to policy makers regarding child rights (CWIN, 1999). Child advocacy seeks a better life of children in different situations.

In Nepal, especially NGOs are being involved in advocacy campaigns and programmes. NGOs have been conducting legal rights classes, human rights classes and advocacy groups formation in different parts of the country. Initiatives have been focussing their activities on mass campaigns and media campaigns. Advocacy has been pressuring policy makers and decision makers at the center to be sensitive to the rights of children. NGOs have been successful in awareness raising at national level, however advocacy must now concentrate on a local level (UNICEF, 1996). Getting participation of children in advocacy is not difficult. As a street girl Rosemarie Gabot mentioned: "I like campaign, singing, and dancing" (International Save the Children Alliance et. al. 1997). To make the advocacy project eventual sustainable the self-esteem and self-concept of street child workers need to be enhanced. Following model help us to understand the conceptual aspect of child advocacy programme.

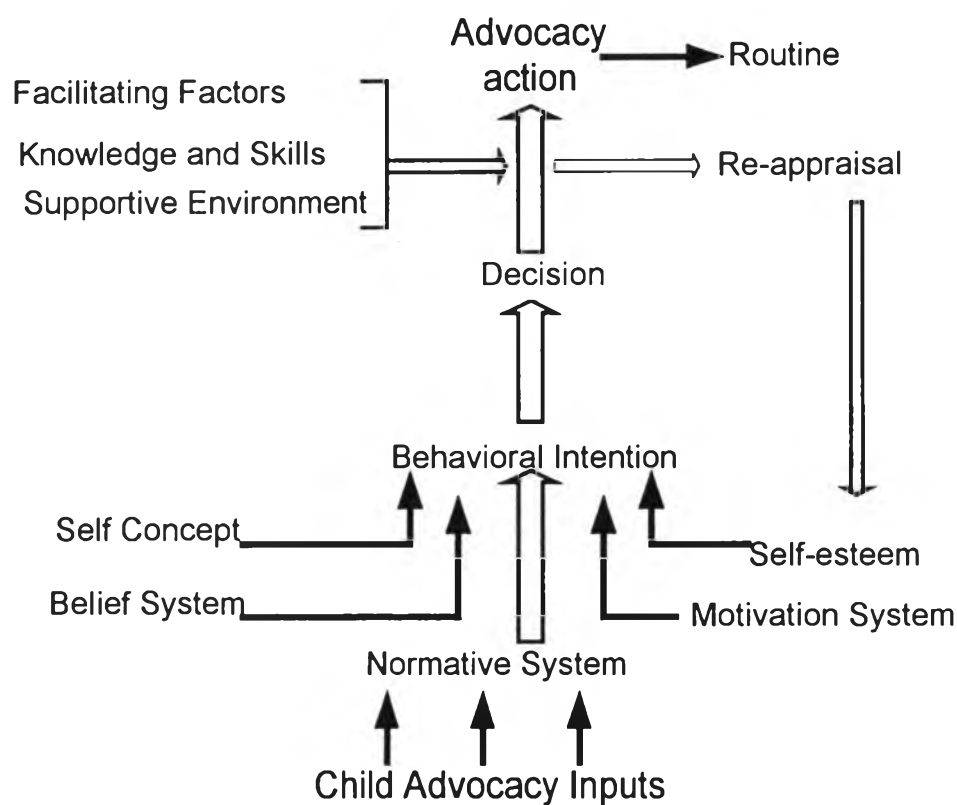
3.5.1.1 Health Action Model

The health action model (HAM) developed by Tones in 1987 recognizes that behavior change is a complex process involving a web of psychological, social and environmental factors (Ewles & Simnett, 1999).

The health action model suggests that people with a low esteem may feel that they have limited control over their behavior and that they are victims of bad luck or fate. A child advocacy project will obviously focus on changing the behavior of street child workers. The question here is whether child advocacy inputs only change the behavior of street child workers? The role of self-esteem, the motivation system, belief system and self-concept in the process of behavior change is important too.

Thus a child advocacy project need to incorporate these factors by involving street child workers and community people in the whole project cycle. Figure 3.1 helps to describe child advocacy project by using the health action model.

Figure No.: 3.1 Health Action Model



(Source: Adapted from; Ewles and Simnett, 1999)

Knowledge and skills are required to maintain behavior properly. To run the advocacy project we have to incorporate supportive environments i.e. laws related to child rights, and facilitating factors i.e. NGOs in the target area. Once advocacy action starts to be implemented in the community it will become a routine work for the target groups. The habit of discussion will be fostered and the groups decide on actions to

address the problems. A re-appraisal will be done if the target community or the advocate want some change in the advocacy actions.

It has been reported that during the winter season street children take the alcohol and tobacco to get their sleep (WHO, 1993). Therefore street children are highly exploited from the police. During the campaign “visit Nepal year 1998” (tourists or visitors promotion year) police arrested 15 children (CWIN, 1998). In terms of health condition and legal treatment street children are highly exploited. Children do not want to go for treatment at the hospital because they feel unwelcome and they can not afford medication and administrative fees (UNICEF, 1996). These factors deteriorate the self-esteem and self-concept of street child workers. The child advocacy program will transform the problems of street children into information. The advocacy process will seek support form the Governmental and Non-Governmental agencies in terms of legal treatment and health programs for street child workers. Then the “worst form” of street child labour will be reduced (measure by evaluation report) and thereby in a long term morbidity and mortality will be decreased. Finally the programs aims to reduce the “worst form” of street child labour which would improve quality of life.

5.5.1.2 Participatory Planning and Implementation

In the child advocacy program we apply participatory planning to careful install the advocacy program into it's socio-economic and political environment. It is envisioned to work on behalf rather than in behalf the children. Instead of case advocacy it will focus on class advocacy. Child advocacy would also respect the

other's right. So, advocacy is a process that is closely inter-related to various factors of the society and government policy as well. It functions as dynamic approach and is highly influenced by its internal and external environment. As Paul (1977) stated "Planning an advocacy program does not stop with the initiation of a design, which in turn is not finished when construction begins because an advocacy program has no fixed or static set of rules to govern its development".

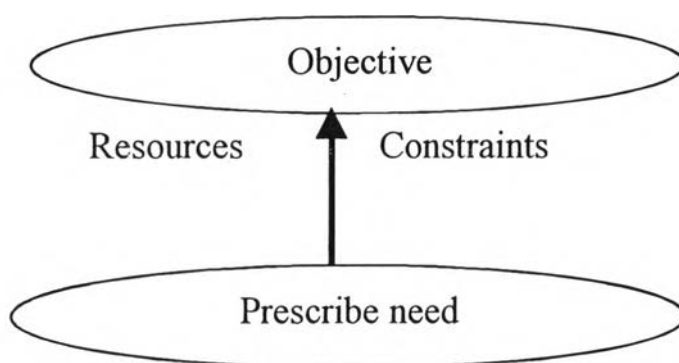
Basically there are three questions that need to be answered at the outset of the development of an advocacy program: (1) What are the needs that we are willing to address and how will they be assessed? (2) How can the advocacy program be organized? (3) Who should be involved in the advocacy process?

3.5.1.3 Need Assessment:

A need assessment is a basic requirement for an advocacy program. It does not have to be a highly professional or an esoteric activity. "It can be and indeed should be, a way of establishing contact with the community" (Paul, 1977). The clear need statement becomes a boundary for advocacy activities that facilitates rather than inhibits advocacy activities. During the need assessment process; street child workers, community people and local leaders will be involved. The focus group discussion and in depth interviews with street children and community people will help to assess the real need of the street children. Project site visit and discussion with target beneficiaries are the basic methods to make need assessment effective. After having lists of possible activities, children and community people required to be involved in the priority setting because advocate does not have enough information to make all

decision on priority setting alone and need collected from the discussions may not fit into the project. However “ the advocate must have a picture of the advocacy program sufficiently in mind so that logical sequence of the events can be developed” (Paul 1977).

Figure No. 3.2 Force Field Analysis



(Source: Adapted from; Lewin, 1964)

During the priority setting of assessed needs we should involve the street children and community people and try to explore the objectives, constraints, resources and prescribed needs. Figure No. 3.2 can be used during the prioritization of needs in the programme area. This helps people to understand the feasibility of prescribed needs because children and community people will learn about resources and constraints of the project and it's environment. This exercise will also stimulate more participation in the project because children and community people will feel ownership for the project.

3.5.1.4 Social Defense Club

A Social defense club (SDC) will be formed to support the child advocacy program in the target area. The SDC will be an informal group of the adults who lives near by the street child workers (slums, public pavements and target streets). Our institutions of education and government provide numerous types of advocates for children, including teachers, social workers and attorneys. For various reasons, however neighbors or parents may be in the best position to serve as the most effective advocates for the child (Margolis, Lewis, Salkind, Neilj, 1996). The reasons why we need SDC are multiple. Research findings have indicated that young children are cognitively unsuited to make major decisions that affects their own future. They are usually not aware of the implications of some of their own decisions, because they often do not have a realistic time frame or a sophisticated notion of cause and effect. The SDC is intended to advice and support the activities that will be carried out by the child advocacy group. The child advocacy group (CAG) and the advocate will nominate SDC members. The total members in a group will be 7 adults. If somebody resigns from the SDC, CAG and advocate will appoint replacement.

3.5.1.5 Child Advocacy Group

Life on the street has important consequences for individual well being and for the society in general. A recent study of street children shows them to be in poor physical and mental health, engaged in a variety of high risk practices, lacking in education and ill-equipped to lead a full and productive life (Hixon, 1993). Many of the projects addressing street child workers have not properly incorporated the best

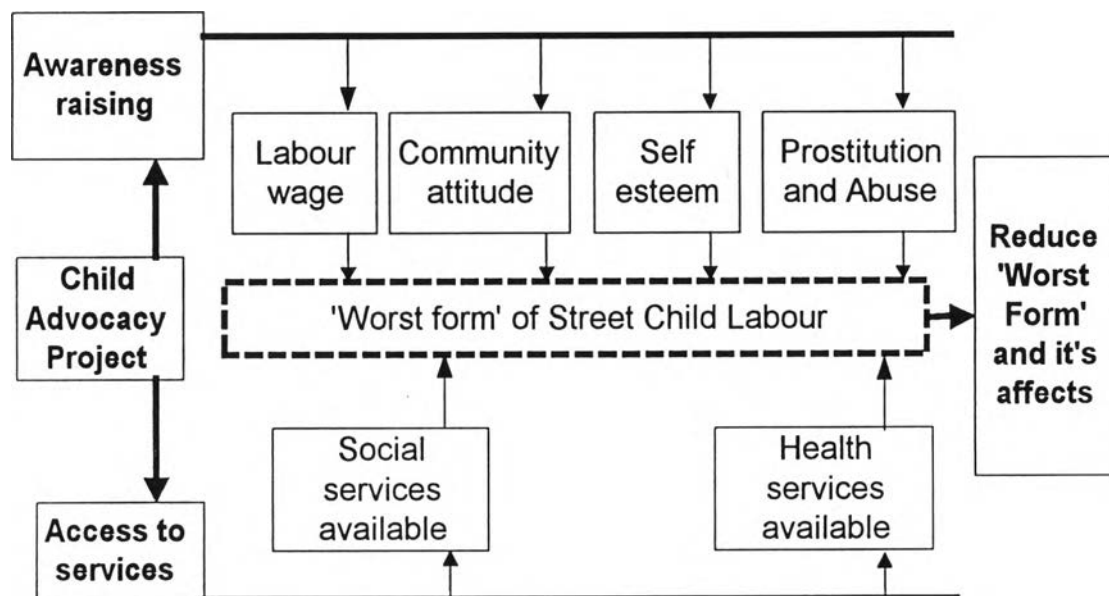
interests of children. To acquire the maximum participation of the children WHO proposed to form children's institutions as a child group in target areas. Using children as experts results in an increase of their interest in the project (WHO, 1993). Street child workers will lead the CAG in which 11 children from the different streets will be designated to handle the advocacy programme in project areas. The most important reason why do we need to form child advocacy groups is, children do not influence or control the services designed to assist them because they are excluded from planning, implementation, and evaluation phases (Margolis, Lewis H., Salkind, Neilj, 1996). The CAG, in consultation with the advocate will be responsible to nominate 7 adults for the SDC and 7 children for the LMC. The nomination will be done by using a democratic process i.e approval by popular votes.

3.5.1.6 Local Monitoring Committee

A local monitoring committee will be formed to access the information regarding child abuse and prostitution. The members of the LMC will be those street child workers who know the situation on the streets properly. The child advocacy committee will nominate the LMC members. The LMC members will be responsible to submit weekly reports to CAG on the child abuse and prostitution in the target areas. The committee will work at night 3 hours every day in target areas. Payment will be fixed and handled by the child advocacy committee. A joint meeting of the Child advocacy group and the advocate can hire and fire members of the LMC at any time. Decisions need to be taken by the majority (more than 50%) of the members attending.

3.5.1.7 Conceptual Frame Work

Figure No. 3.3 Conceptual Framework



Adapted from; Lewin, 1964

The basic concept of the above mentioned framework has been adapted from Lewin's force field analysis. The framework shows the main factors or forces that affect the 'worst forms' of street child labour and where we could intervene to combat the 'worst form'. Basically there are four factors that are contributing to the 'worst form' (1) discriminative labour wage, (2) negative attitude of community towards street child workers, (3) low self-esteem of street child workers and (4) child abuse and prostitution. Contrary there are two services available to support street child workers in Nepal (1) social services i.e. vocational education and provision for shelter and, (2) health services i.e. free treatment.

The advocacy project will conduct awareness raising activities for employers, immediate community and the children themselves to reduce the problems related to discriminatory labour wage, negative attitude of immediate community, low self esteem and child abuse and prostitution. Further more the advocacy project wants to improve the access to available social and health services for street child workers. Intervening at both levels will help to reduce the 'worst form' of street child labour and it's adverse affects in Kathmandu, Nepal.

3.5.2 Activities

3.5.2.1 How the Advocacy Programme should be Implemented?

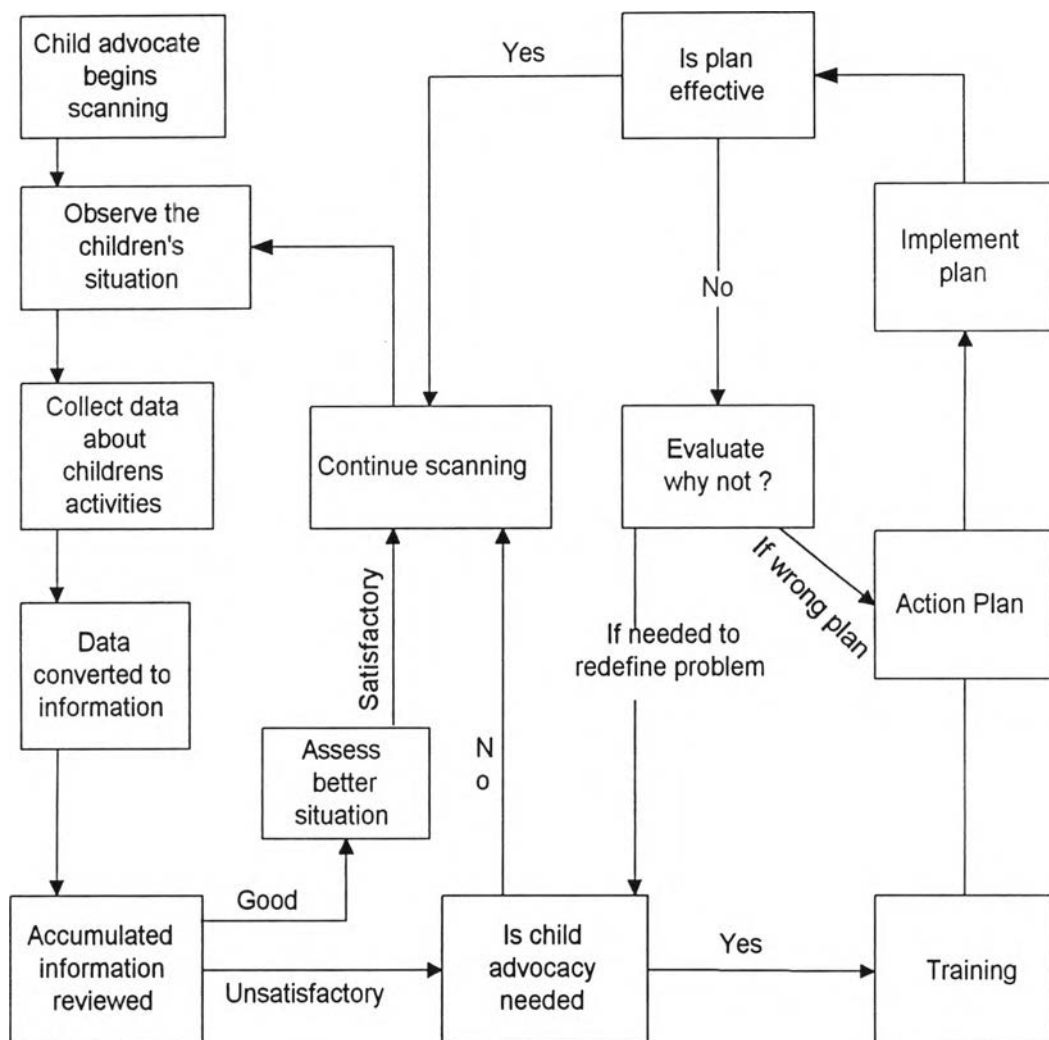
The most important aspect of child advocacy programme is that we should not ignore the best interest of the child. The participation of children and their immediate community people is essential.

The flowchart figure 3.4 shows that the child advocacy program begins by scanning of activities in the project area. Information regarding the safety, health, moral, child abuse and prostitution will be collected from the project areas and translated into awareness raising or campaigns.

Offering street child workers training would help them to develop effective action plans and provide know how on project implement. During the whole process street child workers will be involved to validate the effectiveness of project activities,

including approval procedures from CAG, SDC and LMC. Figure 3.4 helps to understand the activity flow of the child advocacy project.

Figure No. : 3.4 Child Advocacy Programme Activity Flow Chart.



(Source: Modified from Paul, Ronald and pelosi 1977)

Finally the child advocacy action flow diagram shows the importance of street child workers' participation in proposed child advocacy project. To gain participation of street child workers and their immediate community's adults, the project envisions to organize training for them.

3.5.2.2 Training Components

The training components are necessary to support change in behavior of the target population. Training in this project has basically been designed to gain participation and explore creativity of target population next to capacity building. Training has frequently been used in different child related projects in Nepal. Different training i.e. non-formal education training, vocational training, management training, child journalism training and, street theatre training (street drama) are being implemented by various NGOs in Nepal. After having training on wall newspaper production, several groups of children in Dharan district of Nepal started to publish wall newspapers (newspaper used to paste on notice boards and walls) regularly (Voice of child workers, 1999). After getting training from Redd Barna (INGO) youth volunteers, Man Bahabur, a street boy, started to create and perform street drama on various streets in Kathmandu, Nepal.

Training participants will be selected in consultation with street child workers and adults. Basic inclusion criteria will be discussed with the community (please see annex 'F' inclusion criteria). Following trainings will be implemented at the field level.

- **Advocacy Training**

Three days training on child advocacy will be organized in the project area. The training resource person will be invited from legal aid consultancy. The total number of participants will be 25 (18 children and 7 adults). The participation of women and girls will be encouraged in the training programme. Training will address

both theory and practice but the focus will be given to the practical part of the training.

Communication skills, child right issues, negotiation process, social networks, campaign organization and demonstration techniques will be given to the participants. However the expectations of the participants may highly influence the content of the trainings. At the end of the training programme advocacy activities will be organized by participants (please see annex 'E').

- **Group Management Training**

The participants of advocacy training and management training will be the same. To make the advocacy program successful, the management training will need to focus on meeting facilitation skills, leadership skills, conflict management and problem solving techniques (please see annex 'D'). At the end of the management training a Child Advocacy Committee (CAG), a Social Defense Club (SDC) and a Local Monitoring Committee (LMC) will be established.

3.5.2.3 Activities Plan

To achieve the project's objectives following activities are planned. Throughout the two-year child advocacy project period (October 2000 to September 2002), street child workers and community representative's participation will be encouraged in all activities. Regular monitoring by SDC, CAG, LMC and advocate will help to improvise the resources and activities in the project. An extensive programme will be

organized in the first year. In the second year the child advocate will encourage the CAG and SDC members to plan and implement the awareness-raising programme in target areas. The following are the basic activities suggested for implementation to achieve the project's objectives.

1. Hire an advocate: The project will appoint qualified local person, who has basic knowledge on child advocacy and has professional experience with street child workers.
2. Meeting with the community and children: This is a first step in the child advocacy program. In a meeting with street child workers and community members, the advocate will explain the child advocacy program as a whole.
3. Identification of the issues by involving the children and community: A separate meeting will be organized with the children and community members. In the meeting the advocate will ask the participants about the problems of the street child workers and jointly try to identify the main issues.
4. Inform the street child workers and the community people about existing health and social services of children and involve them to access those services.
5. Organize a 2 days training on group management for both street child workers and community member as well (please see the training contents in annex 'D').

6. Form a Child Advocacy Group (CAG) 11 member; a Local Monitoring Committee (LMC) 7 member and a Social Defense Club (SDC) 7 member.

7 Organize a 3 days training on child advocacy techniques for the CAG, LMC and, SDC members (Please find the training content in annex 'E').

8 Conduct 4 exposure visits to governmental, health centers, hospital, vocational training centers and shelter houses. On each visit 25 children will be invited from the targeted streets. Participation of the SDC members will be based on their interest.

9 Four advocacy campaigns: The first will concentrate on the poor labour wage for street child workers, the second will focus on the community attitude towards street child workers, the third will demonstrate the problems of street child workers and the fourth will focus on the problems of street child related to abuse and prostitution.

10 Conduct a 2 days refresher training, one day on group management and one day one child advocacy for CAG, LMC and SDC members. Time will be allocated to conduct a mid term participatory project evaluation.

11 Awarding one child and one adult in every 3 months as a best child advocacy mobilizer.

12 Organize quarterly networking meetings in project areas one at the beginning one at the middle and one at the last. In every networking meeting possible integration in terms of working areas of participating agencies will be discussed and try to involve SCW and their family in other agencies project activities.

13 Encourage the 18 street child workers (11 from CAG and 7 from LMC) to save monthly 10 Nepali Rupees (180 Nepali Rupees per month). At the end of the project 50,000 Nepali Rupees will be provided as a sustainability grant to CAG. The CAG will develop a plan to use this grant for the betterment of street child workers.

14 Regular follow-up by the advocate, and the project organizer will be done during the 2nd year project period.

15 Four advocacy campaigns and Four exposure on various issues and organization will be conducted by CAG in the second year. More projects will be planned by CAG at the end of first year.

16 Organize a participatory evaluation and communicate the recommendations to project participants, local authorities network themselves.

Finally some of the activities can be modified, changed and added if SDC, CAG and LMC will recommend doing that.

3.5.2.4 Transformation of Rights and Responsibilities.

The child advocacy project intends to get maximum participation of children and adults during the project period. At the initial stage outsiders i.e. advocate and a local NGO will need to be more involved in activities. However to sustain the child advocacy project transformation of rights and responsibilities to the beneficiaries is needed. To acquire participation we need to involve street child workers and their community in the planning and decision making process. This project intends to maintain transparency in terms of resource allocation and mobilization, accountability in terms of activity implementation, and reporting and democratization in terms of decision making. Thus the transformation of skills and rights is most essential to realize and motivate the target beneficiaries.

Table No. 3.2 helps us to understand the project activity flow mechanism and triangulation. This table intends to show the rights and responsibilities of outsiders (project organizer) and insiders (Street child workers and adults) during pilot project life. The table no. 3.2 highlights the increasing rights and responsibility of children and community. If we transform the project's rights and responsibility to the beneficiaries they will gain ownership. Ownership will create maximum participation and thereby it can move towards sustainability.

Table No.: 3.2 Transformation of Rights and Responsibilities

	Month 1-3	Month 4-6	Month 7-9	Month 10-12
O u t s i d e r s	<ul style="list-style-type: none"> • Planning • Staff hiring • Project site • Coordination • Resource allocation • Conflict resolution • Meetings 	<ul style="list-style-type: none"> • Project meeting • Group formation • Training information • Communication 	<ul style="list-style-type: none"> • Technical support • Networking • Resources 	<ul style="list-style-type: none"> • Participation • Evaluation
I n s i d e r s	<ul style="list-style-type: none"> • Participation • Decision 	<ul style="list-style-type: none"> • Training • Local resources • Meeting • Leadership 	<ul style="list-style-type: none"> • Training • Resource collection • Social network • Exposure • Plan of action • Demand forward 	<ul style="list-style-type: none"> • Co-ordination • resource allocation • Conflict resolution • Implementation • Staff hiring • Project site • Leadership

The definition of rights and responsibilities varies from place to place and among people, thus street child workers in this pilot project will be encouraged differentiating them. The dot line in the middle of the table illustrates interaction between outsiders and insiders rights and responsibilities and gradual transformation of rights and responsibilities.

3.5.2.5 Programme Time Frame

The child advocacy programme will start by the month of October 2000. The reason for this implementation date is that. During September and October people are occupied with festivals and government offices also remain closed these days. Table 3.2 shows the flow of activities proposed for first year and table 3.3 shows the proposed activities in 2nd year. In second year the project organizer will reduce his involvement to follow-up. However the technical support will be provided whenever required.

Table No.: 3.4 Activities plan**Activities plan for the period of October 2001 till September 2002**

Activities	Year/month (numbers refer to months ,Oct-10, Jan-1)											
	10	11	12	1	2	3	4	5	6	7	8	9
Project supervision	■	■	■	■	■	■	■	■	■	■	■	■
Networking			■			■			■			■
Exposure		■			■		■		■		■	■
Advocacy campaign	■		■		■		■			■		■
Saving collection	■	■	■	■	■	■	■	■	■	■	■	■
Project evaluation												■
Project hand over												■



Proposed activities to be done by CAG SDC and LMC



Activities, will be done by project organizer

3.5.3 Expected Output

Following results are expected to be achieving during and after the completion of child advocacy project in Kathmandu, Nepal.

1. Increase the number and quality (positive response from health personnel) of contacts between street child workers and existing health and social welfare services in project areas.
2. Establishment of a Child Advocacy Committee (CAG), a Social Defense Club (SDC) and a Local monitoring committee (LMC) under the direct leadership of local children and adults respectively.
3. Development of local strategic plans by CAG and SDC to address the problems of street child workers.
4. The advocacy campaigns will help to set series of meetings with governmental as well as non-governmental agencies.
5. Increase of the current labour wage documented by CAG.
6. Problems associated with child abuse and prostitution will be disseminated.

3.5.4 Required Resources

The child advocacy project requires two kinds of resources (1) human resources (2) financial resources. The resources have been defined as follow.

3.5.4.1 Human Resources:

Community based child advocacy does not need highly professional human resources. One full time advocate with knowledge on advocacy process, one resource person with knowledge on group management, one resource person with a specialization in advocacy techniques and one project consultant specialized in law will be required as a human resources in the project. To perform daily monitoring 7 street child workers will be appointed by the child advocacy group (CAG).

3.5.4.2 Financial resources

Table No.: 3.4 Budget

Serial Number	Activities Description	Budget in NRS.
1.	Programme cost	
1.1	Project orientation (25pxRs. 120x1d)	3,000
1.2	CAG, SDC and LMC formation (Rs. 2,000x3)	6,000
1.3	Exposure (100pxRs.50)	5,000
1.4	Campaigns (Rs.2,000x4times)	8,000
1.5	Award (Rs. 2,000x6p)	12,000
1.6	Networking meetings (Rs. 2,000x3meetings)	6,000
1.7	Sustainability grant	50,000
2.	Training	
2.1	Group management training (25px Rs.620)	15,500
2.2	Training on advocacy technique (25px Rs 880)	22,000
2.3	Refresher training (25px Rs.620)	15,500
2.4	Employer's workshop (Rs. 2,000x 2 workshops)	4,000
3	Salary/consultation fees	
3.1	Advocate salary (Rs. 5,000x12 m.)	120,000
3.2	LMC member's allowance (Rs. 30x7Px30dx12m.)	75,600
3.3	Legal consultant (Rs. 4,000x 4times)	16,000
3.4	Project evaluation	20,000
4	Travel and transportation	30,000
5.	Contingency (10% of total budget)	34,860
	Total budget	443,460

Exchange rate: One US dollar equals to sixty-eight Nepali rupees.

d = day, m = month, p = person and Rs = Rupees (Nepali rupees).

3.5.5 Monitoring and Evaluation Plan

An advocate in participation with the child advocacy group, the local monitoring committee and the social defense club will perform periodical monitoring of the child advocacy programme. The Local Monitoring Committee (LMC) will do regular day to day monitoring of the project. The LMC will submit a weekly monitoring report to CAG through the advocate.

The programme will be evaluated by the joint efforts of the Child Advocacy Committee, the Social Defense Club, the local NGOs, the Local Monitoring Committee and the advocate. Equal decision making rights will be given to the members of evaluation committee. Two people from CAG, two from SDC, two from NGOs, one from LMC and one advocate will be involved in the evaluation committee. Basically, the evaluation committee will evaluate advocacy process but the evaluation committee also evaluates outcomes for the purpose of funding agencies. The evaluation committee has the option to use guidelines attached in annex 'G'. The project organizer can hire an external advocacy expert to contribute to the evaluation.

3.5.5.1 Indicators

Following indicators have been identified to monitor program implementation. The indicators will be also useful to conduct a formative evaluation.

- Numbers of children visits to services, numbers of letters submitted, numbers of application submitted by street child workers and number of recommendation letters given by local authorities
- Number of approved admissions in health and social service institutions and numbers of registration card given by health centers.
- Reports and case studies related to child prostitution and abuse published.
- The awareness level of SCW, their immediate community and employers on the problems of street child workers.

3.5.5.2 Source of Information for Indicators

The source are: reports of the advocate and local monitoring committee, minutes of the meetings, attendance record of participants, registration card of patients, letter dispatch mechanism, pre and post-tests and publication in media.

3.5.6 Anticipated Risks

Two main types of risks might appear during the implementation of the project (1) from outside (2) from inside. The most prominent opponents will be employers of children applying a very low wage. Street violence's, police action against the street child workers, and lack of enforcement mechanism for government policy regarding the children could create obstacles.

Further the expectation of potential social defense club's members to receive incentives. Mobility of the children, mixture of different castes and culture groups may cause difficulties as well.

3.5.7 Possible Solutions

The most effective way problem solving is a discussion among the CAG and SDC. With regards to the problems created by outsiders the CAG and SDC can make an advocacy agenda and resolve it. The problem concerning incentive can be solved by early discussion among the beneficiaries. To resolve emerging problems, regular meetings will be organized at the community level. Problems created by employers can be addressed by having meetings with some key employers who can influence other employers. Meetings with police can be organized to reduce the threats from police actions. To solve the problems regarding violence and government policy, a good working relation will be established with the local government i.e. village development committee which is the lowest political zone of the country. Group discussions and information sharing will be conducted to lessen the risks created by caste and cultural diversities.

3.5.8 Sustainability plan

To reduce the "worst form" of child labour we must apply regular advocacy efforts. For the sustainability of this programme, network between NGOs with a child focus and governmental agencies will be established. Children and community people will be encouraged to participate in local level (child focused) programs to increase

their interest on children rights and development. Once their interest on participation increases it is hoped that they will continue CAG and SDC's activities in the community. The small membership fees, submission of small project proposals to local government, and collection of donation from the community will help to continue the advocacy efforts in the community. A small monthly group saving preferable Nepali rupees 10 per month from 18 children will be encouraged and the project will provide 50,000 Nrs. to support their initiatives. The CAG will decide to use this money for the betterment of the street child workers. The local government, village development committee (VDC) has a 500,000 Nepali rupees fund, of which 25 percent has been allocated for human resource and child health which could be mobilized to sustain the child health related activities at the grassroots level (Local government regulation, 1994).

When member's from CAG and SCD get more experience and knowledge about the problems of street child workers they can form an NGO and mobilize their resources at both local and national level.

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