



# SUPPORT<sup>®</sup>



SOCIETY UNDERTAKING POOR PEOPLE'S ONUS FOR REHABILITATION  
Regn. Number E-10336 (Mumbai)

## Annual Report 2016 - 17



Manthan Plaza Bldg, 3rd Floor, Vakola Market,  
Nehru Road, Santacruz (East), Mumbai - 400 055. India

Tel. : (9122) 2665 2904 Fax : (9122) 2665 3045  
E-mail : [support@supportstreetchildren.org](mailto:support@supportstreetchildren.org) Website : [www.supportstreetchildren.org](http://www.supportstreetchildren.org)



## Content

Acknowledgments

Chapter – 1: Street... it's Changing Trends

Chapter – 2: Day Care Center... Avenue for Opportunity

Chapter – 3: Medical/Health Care... an Urgent Necessity

Chapter – 4: Long term Residential Rehabilitation...Turning over a new leaf

Chapter – 5: FLUTE Methodology...Core of Transformation

Chapter – 6: Recreation & Entertainment...for Rejuvenation

Chapter – 7: Rehabilitation of Youth...a Path Finder

Chapter – 8: Repatriation & Reunification...Strengthening Family Relations

Chapter – 9: Saphale Youth Center...Niche for contemplation

## *Acknowledgements*

SUPPORT takes this opportunity of extending appreciation and gratitude to several Individuals, Groups, Corporates, Donor Agencies and our Staff for their endeavors to assist our children and youth undergoing long term residential rehabilitation program.

Individuals and Groups have magnanimously donated in cash and kind towards the restoration and welfare of our children and youth throughout the year, which was simply commendable. They have also sponsored meals, snacks and fruits to them from time to time; on special/auspicious occasions and even otherwise. They have also donated toiletries, medicines, grains & clothes which have been an enormous help in taking care of children/youth during the year.

Corporates & Donor Agencies have financially supported our major projects for the children and youth; some for several years; which has enabled SUPPORT to provide several basic facilities to the children and youth in course of time; like Day Care & Outreach, Detoxification & Rehabilitation Programs, Education, Recreation/Entertainment, Medical Care and Health Services, Vocational Skills Training, Job Placements, Social Rehabilitation of Youth in Group Homes after they are employed, Conducting Marriage of Youth [Girls & Boys] and settling them in their married life; in the true sense Social Integration and Mainstream, which is SUPPORT's ultimate goal.

SUPPORT also gladly acknowledges the recognition received from the Juvenile Justice Board [JJB] and the Child Welfare Committee [CWC] for our contribution towards working with substance using street children and homeless youth. The JJB and CWC have continued their referrals of adolescents in conflict with law under influence of drugs and street for the Transformation Program; and substance using street children for long term residential rehabilitation program.

Implementation of all these essential activities was possible for SUPPORT with the support, help and guidance over time from Individuals, Groups, Corporates & Donor Agencies who have been consistent in their generous donations [cash and kind] and our Staff; who have worked with determination, sincerity and persistence.

We extend our special gratitude to all the wonderful volunteers [individuals and those from the Corporates], for contributing their precious time in exposing our children to something novel and spreading so much joy and warmth.

## Chapter - 1

### *Street... it's Changing Trends*

Street and life on the street poses an 'enigma' to numerous individuals who perceive it only as a means to commute to reach from one destination to another. Although it may sound and seem simple that street is meant for commuting, there are innumerable interesting and gory nuances to it that needs to be explored and understood. It would then be explicit on the various influences it has on individuals and specially children who are on the street for longer duration. Street is the most happening place with all its hussle-bussle; different sounds, voices, movement and a mysterious under current. Street has its own dynamics with an obnoxious lifestyle, culture, language and script. Overtime individuals on the street begin to look distinct being assimilated in the covers of the street environment.

Current trend on the street as observed is changing over a period of time. Children who had once run away from their homes when they were younger and were absorbed on the street have started families. This has increased the number of children born to such individuals on the street which is gradually augmented. Sometimes there are second or even third generations languishing on the street. These circumstances have given rise to frustrations culminating into using addictive substances to dampen unpleasant moments of failures in life. Moreover, they are perceived as human wastes on the street for not engaging in constructive work and contributing effectively to society. They are shunned by general public and police. Hence, they resort to all kinds of anti-social activities to sustain their addiction, assert their power and survive on the street.

Street is the only 'home' for myriads of young children born and brought up there; where the concept of home with roof and four walls is almost non-existent. Motherhood is a reality but fatherhood is questionable on the street. Children are familiar with their mothers but most often are unaware or even confused about their father. Concept of a family unit is ambiguous, almost momentary and undefined. It is observed, whenever there are street quarrels individuals herd together as a family to assert and raise their voices; thereafter they disperse. Individuals in a family exist like 'islands' where there are no emotional, psychological and physical linkages or bonding; and each of them use each other to satiate their individual needs and eventually meet their ulterior motives. In such situations, children are affected to a large extent as there is nobody to care and protect them and they are compelled to fend for themselves. Children thus, become lonely and are steadily isolated.

Families live out of 'bundles' or 'potlies' on a day to day basis, with limited belongings comprising of clothes and few utensils, which is easy to move during change of places from one street or area to another, whenever necessary. They have meagre means and live amidst immense depravity, disappointment and hopelessness; often manifesting in exploiting vulnerable segments on the street.

Children are often shuttled between the adult members who use them as commodities. Often they are forced into begging, working on daily wages in small eateries/tea shops, sweeping in trains, carrying luggage etc. and the earnings are squandered by the parents on their addiction. Parents on the street are not the ideal role models for children; resulting in them not receiving social values and normal lifestyle.

These children emulate their parents in using addictive substances, in habits, attitudes, and behavior and thought process. There is an enormous depravity, abuse, neglect, isolation, drug usage, stress and insecurity among children who are raised on the street. It would not be incorrect to state substance using street children is the most poor and marginalized section among the children population.

When a vast majority of children are seen attending school, playing, well nourished, enjoying a normal childhood; it does not reach the substance using street children. Instead, they are struggling to survive on the peripheries of society and not live. These children have weak coping capacity and have tendencies to flee from situation(s) and person(s) whenever they cannot manage. Bohemian lifestyle is what is noticed wherein they change and become disoriented, fragmented, paucity of concentration, unstable, inability to sit one place, irritable, restless and develop personality defects the longer they spend on the street. Appropriate points of reference in life are missing and it further isolates from the social milieu; thus bringing them back from a bizarre lifestyle to the mainstream is a challenge.

*People existing on the street...*



## Chapter - 2

### *Day Care Center... Avenue for Opportunities*

Day care has always been in the fore front of activities and an important intervention for SUPPORT. This is the place where children/youth visit and participate in the activities of the center. Apart from implementation of activities at the center, outreach is a vital activity which entails establishing contacts with children/youth on the street. Although outreach is an interesting activity it enables to gain first hand information on the lifestyle on the street. Besides outreach on the street, focus is upon street corner meetings with children/youth to generate awareness on the various services offered at the day care center. Outreach is a slow process as children are volatile and mobile on the street. Hence, it takes time to locate them before they are convinced to visit the day care. Over time it has motivated several street children/youth to visit and avail of the services. Activities are kept simple, accessible and easily made available to them while they are at the center.

Children/youth are served mid-day meal daily, as most of them remain hungry for long hours on the street due to intoxication. Facilities for bathing and washing are provided so that they can bath daily when they are in the center. Doctor visits regularly to check them and prescribe medicines to those suffering from some ailments. Those suffering from severe illness are referred to the Government run hospitals for investigations and treatment. In case of girls/young women they are provided supplementary nutrition to combat diseases like anaemia and malnutrition. Young women are also motivated to accept and use family planning methods to keep themselves healthy and safe.

Besides which children/youth are taught through the Non Formal Education some basic concepts and they enjoy indoor games, listen to music and watch TV. They also get to interact with the staff at the center and share their woes. Often awareness sessions on different subjects are organized by the staff for them.

Street corner meetings form a fundamental aspect of the activities at day care center. Through these meetings children/youth can be contacted. They are also used to disseminate information on diverse topics useful on the street. Meetings are an interesting medium to communicate and establish contacts with the children on the street.

With changing inclinations on the street there has been an increase in the children born who are under high risk fending independently for themselves. Often they are caught emulating their parents and neighbors using multiple addictive substances. Motivating

street parents to institutionalize their children is a Herculean task. These children are referred to organizations which would care, protect and provide them opportunities for further development.

Most importantly the staff liaisons with the Government functionaries, Police, Child Welfare Committee, Hospitals, and Non-Government/Government Organizations etc.; which is a crucial part of the activity at the centre. SUPPORT utilizes all the Government run facilities available for the benefit of street children/youth.

**Table – 1: SUPPORT’s reach out at the Day Care Centres:**

No. of Children/Youth availing services	No. of Children/Youth referred to SUPPORT [Detox]	No. of Events organized through the Day Care	No. of Children/Youth referred to Govt. run Hospitals	No. of Children/Youth attending NFE Classes
1065	75	2 Drug Awareness programs	42	862

*\*These are consolidated average figures for the year. Duplication may occur in Hospital referrals due to multiple referrals/follow up.*

**Day Care Activities:**



Games organised for the children and youth



Staff conducting session in the center for the children/youth

Medical check up by Doctor

### Chapter - 3

#### *Medical and Health Care... an urgent necessity*

Street life and poor health are inseparably linked. Deprivation of food, shelter, hygiene/sanitation, social exclusion, lack of education and unemployment, all together reduces opportunities and limit the choices of healthy life. Conditions on the streets put more burden on groups such as gender, children, ill and disabled. They are far off from the availability and accessibility of resources and services that are made available for financially weaker section.

Their unhinged lifestyles with lack of medical/health care and bizarre living situations amplifies their vulnerability to constant illness like respiratory/ear infections, gastro intestinal ailments, sexually transmitted diseases, skin/abdominal problems etc. Children on the street find various ways to combat hunger pangs, some scavenge, and several are in the clutches of exploitative physical work. Moreover, quite a few children/youth are drawn in by callous adults into peddling drugs, stealing and sex work. Continuous existence on the street is complex with the use of harder addictive substance; harming and influencing the brain, their cognitive abilities to learn and also brings about significant changes in their personalities. Children/youth constantly found in an intoxicated state find it difficult to avail or access the existing medical facilities.

Detoxification (Detox) is an essentially inevitable treatment that addicts require to undergo, when they decide to turn over a new leaf. Detox is a 21 days process that focuses upon removing the toxins that gathers in the body due to multiple addictive substances used over a period of time. It is carried out with the help of trained and experienced Doctor and medical staff. Doctor, Medical Staff and management of SUPPORT work in unison ones it's planned and executed.

Children/youth bring along with them innumerable health problems during detox, which may have been neglected on the street. As part of detox, all children/youth are advised by the Doctor for routine pathological investigations. This helps to rule out any major contagious diseases that they may be suffering from and requires immediate attention and treatment. All the ailments are then treated along with the detox.



**Table – 2: Information on Detoxification Camps organized:**

	Apr	May	Jun	Sep	Nov	Dec	Jan	Feb	Mar	Total
Girls	---	---	08	---	01	---	---	---	---	<b>09</b>
Youth	---	---	22	20	---	---	19	---	---	<b>61</b>
Boys	---	16	---	---	---	---	---	12	01	<b>29</b>

**Table – 3: Overview of Substances used by children/youth on street prior to detox:**

	Solution	Hashish/ Marijuana	Alcohol	Tobacco	Brown Sugar/ Cocaine/ Opium	MD	Sleeping Tablets	Bhang	Gutka
Girls	01	---	02	09	---	---	---	---	---
Youth	37	46	33	60	19	07	07	03	---
Boys	05	02	05	17	02	---	---	---	01

*\* Duplication in figures occurs due to multiple use of addictive substances.*

Medical team has always been busy during the year. Some of the projections of their work are reflected through the tables below.

**Table – 4: Overview of the Referral Services to Government Hospitals in the Residential Program:**

	V. N. Desai	Sion	KEM	Dental	Skin	Psy	J J Hospital	Others
Girls' Rehab	39	76	07	26	01	08	10	---
Boys' Rehab	105	30	04	13	12	---	01	04
Vocational Center	81	27	---	05	---	07	---	---

*\* Duplication in figures occurs due to multiple referrals and visits during the year.*

**Table – 5: Consolidated Information on Diagnosed Diseases/Doctor Check-up:**

Types of Diseases	Injuries	Scabies	Dental	Cough	Eyes	Ears	Tuberculosis	Orthopaedics	Fever	Skin	others	Hospitalization & Surgeries
Girls' Rehab	15	02	25	15	13	15	01	13	32	135	230	---
Boys' Rehab	85	06	11	09	20	--	02	35	52	157	435	11
Voc. Center	19	01	14	05	24	42	02	08	24	91	265	02

*\* These are consolidated figures for the year. Duplication in figures occurs due to multiple ailments and multiple consultations/follow-up treatment.*

Various Awareness Programs conducted by Doctors for children/youth:

- Information on female reproductive system
- Menstrual cycle
- Sex Determination
- Contagious Diseases transmitted through sexual contacts
- Information on male reproductive system
- Information on HIV/AIDS/STI
- Pregnancy – its stages and stages of labor
- Sex Education
- Personal Hygiene/Cleanliness
- Training on First Aid for the Peer Educators

*Some photographs of programs by the Medical center...*

*Eye Check-up Camp and Medical Check-up at the Rehab Centers...*



*Hospitalisation and Dental work required and arranged...*



Chapter – 4

*Long term residential rehabilitation program... turning over a new leaf*

Once the three weeks of detoxification is over children/youth are required to undergo long term residential rehabilitation program. The transition period is a trial for children/youth who find themselves trapped in the closure. When drugs ceases it creates a vacuum that results in disorientation, fragmentation, apprehension, agitation, restlessness and confusion. All this makes it difficult for them to cope considering the new place that is filled with strange children and noise, adds to the inner upheaval and insecurity. This is manifested in various ways among children making it difficult for the children and staff. The staff deals with the situation by relaxing all the rules for a short time till they are used to the new environment and settle down at the center.

Staff plans regular activities to engage children and keep them occupied and also divert their young minds. By participating in the activities they slowly learn to complete assigned tasks at a stipulated time, by sitting in one place and concentrating. Staff over a period of time has developed patience and diligence to motivate and encourage the children to complete the assigned activity.

**Table – 6: Overview of Children in the Rehabilitation Centres:**

Centers	Total no. of Children	Total no. of New Children	Total no. Children Reunited with Families	Total no. of Children who have run away	Total no. of Peer Educators
<b>Boys</b>	80	13	10	01	05
<b>Girls</b>	47	09	02	---	02

**Non Formal Education [NFE]:**

NFE is the first step to acquiring an orientation towards academics. Numerous children that come from the street are ‘first generation learners’ and this is the first time they are being encouraged to learn, read and write. It is here that children learn to hold a pencil and actually write and learn to sit at a place in order to complete the task assigned. The main emphasis of the NFE is basically to introduce alphabets, colors, numbers, shapes etc.

Children begin to enjoy what the teacher teaches them and require attention and reassurance from time to time. As noticed teachers stroke them at different times to push them ahead with learning and at the same time prepares them for school.

**Formal Education [FE]:**

A major thrust of SUPPORT is to mainstream children/youth once they complete rehabilitation program and one of the best way is through education and vocational skills training. Education provides a definite purpose in their lives, apart from which opens up innumerable opportunities.

Children are enrolled into Government run schools in the vicinity. They are then admitted to age appropriate standards at schools. By this method, children are compelled to work doubly hard by coping with new experiences at schools. SUPPORT offers in-house coaching class facilities under the Education program for the school going children. Teachers revise the portions taught in schools and guide children to complete their daily homework. Weaker children receive extra attention by the teachers. The Education Team [Education Consultant & Teachers] attend PTA meetings, Open day for parents, Annual day functions and information impartation sessions for parents. This enables the team to be in contact with the schools and arrive at keeping in track of children's academic progress, participation in extracurricular activities and general behavior.

In-house coaching classes are in progress during short and long vacations to keep them academically connected.

Education program has been taken to another dimension by the Education in-charge & Consultant, with her expertise and experience in the field. The FLUTE methodology has been translated and integrated appropriately into the education system of SUPPORT and standardized format was worked out for the children. There were several interesting materials developed for the in-house teachers and the children; considering standardization of education in a de-addiction center with first generation learners.

- Emotional Quotient Assessment Questionnaire [for in-house teachers]:

The tool was evolved to enable teachers to streamline their emotions, experiences, motivation, stress levels and focus on the mission handled.

- Booklet on SUPPORT's Education System:

This booklet clearly elicits meaning of education in a de-addiction center. Education system basically rests upon FLUTE methodology which is customized and standardized for children under rehabilitation program. The system takes into consideration transformation program as part of rehabilitation and focuses upon education of children. Roles and responsibilities of children and teachers begin to clarify at every level. In short, it intends eliciting self learning patterns on part of the children and seeking help and guidance from the teachers during difficulties.

- Education based Flash cards for children were developed to provide them life skills by means of pictures and stories by teachers. This is an essential tool to bring about significant changes in children.

- Assessment Scale and Kit:

This is a tool used to assess, monitor and evaluate the prognosis or expected success levels of children and education. Moreover, it ensures future education plans in consonance with the outcome of assessment scale monitoring. By executing the assessment scale it would enable obtain baseline of the child – his/her behavior, transformation and academics.

- Planning and Designing of Curriculum for Non Formal Education for youth under Vocational training:

This program emphasizes upon developing a formal curriculum which is an amalgamation of academics and life skills. It is essential to sustain the motivation and interest of the youth. Drug using street youth has never attended school and therefore were deprived of the learning while they were younger. An opportunity provided to learn and develop about their environment, the self and the available resources within the community.

**Table – 7: Beneficiaries under the Education Program:**

	<b>Total no. of Children appeared for SSC</b>
<b>Boys</b>	70
<b>Girls</b>	38
<b>Total</b>	108

**Table – 8: Final Results of Children appeared for FYJC:**

<b>Khushboo Pathan</b>	<b>Sonu Lobo</b>	<b>Mukesh Chowdhary</b>	<b>Sheetal Bhalerao</b>	<b>Samir Ansari</b>	<b>Raju Gabbar Singh</b>
60.50%	52.32%	77.03%	53.47%	63.37%	65.58%

*Photographs of in-house coaching classes...*



*Prevention and Awareness Program on Ill Effects of Drug Abuse...*

The program is executed in educational institutions like schools, colleges and technical institutes. Major thrust of the program is upon generating awareness on Tobacco, Alcohol and the more serious and hardcore drugs like Heroin, Brown Sugar, Opium, Cocaine etc. and its effects on the body and mind. Sessions with students are intended at being interactive, wherein they share some experiences. It has drawn positive responses from the students. It is an imperative for students to understand that they need to 'Say No' to drugs and not use it to blame others for their actions...

**Broad Objectives of the Program:**

1. To create awareness among students Schools, Junior Colleges and Technical Institutes about different types of drugs/alcohol and its ill effects.
2. To enable students to understand the seriousness of drugs abuse and saying 'No' to drugs with conviction.

**Table – 9: Total Coverage of Educational Institutions and Students:**

Locations	Primary Schools		Secondary Schools		Colleges & Technical Institutes	
	No. of Schools	No. of Students	No. of Schools	No. of Students	No. of Colleges	No. of Students
Ankola, Bhatkal, Honnavar, Kumta	109	7,444	33	10,775	06	2,818
	Total No. of Educational Institutions cover: <b>148</b>			Total No. of Students covered: <b>21,037</b>		



## Chapter - 5

### *FLUTE Methodology... core of Transformation*

Freedom, Listening, Understanding, Transformation & Enjoyment

I should be **Free** from drugs.

I will **Listen** to positive voices.

I **Understand** I can change.

I can **Transform** failure to success.

I will **Enjoy** my day.

Freedom – Understanding the real meaning of freedom and boundaries to the addict.

Listening – Listening and understanding the instructions of the person who helps.

Understanding – Convince the addict that quitting drugs and street is possible.

Transformation – Changing behaviours and attitudes relating to drugs and street life that addict carries within himself.

Enjoyment – Anyone can enjoy every moment of life without taking risk. Children and youth are admitted into our Long Term Residential Rehabilitation Program.

Main goal of SUPPORT is to mainstream the children/youth once they complete rehabilitation program. Issue of addiction is required to be understood as a disease and the children less than 17 years who come from the street need the treatment. Child and addiction are perceived together and cannot be viewed separately. Street brings about major changes in the behavior, attitudes and habits of the children. They expect to lead a similar life that they had led on the street.

These are behaviors and lifestyles that require to be rectified. In SUPPORT the transformation program is a long drawn process and aims at bringing about changes in the behaviour, attitudes and habits. Children under the long term rehab program benefit, as they are in the disciplinary regime and follow a regular routine. There are structured sessions conducted at all the centres for the children/youth that simplifies different concepts with help of flashcards, drawing, stories etc. In course of time these sessions have a definite influence upon them. Over time children learn to decipher lifestyle at the center and the street.

Stability and self esteem is slowly transmitted through the various transformation sessions which are helpful in the mainstreaming process. Transformation schedule has certain essential elements which the addicts are required to remember all their lives, which would prevent them from relapsing in the future.

**Meetings and Group Sessions:**

Long term program stem from the fact that even when children/youth have stayed away from drugs for long time obsession still persists. Since addiction is a disease relapse is inevitable. Abstinence is the only way to avoid addiction and the addicts in recovery learns to do so all their lives. This is an important lesson which is reiterated through group sessions and meetings.

Group sessions and meetings form an important lifeline of the rehab program. These sessions further clarify aspects like addiction as a disease, long term effects of usage of multiple drugs and types of addiction. Meetings in centres focus upon various factors that help prepare children/youth for the mainstream; importance and maintenance of relationships, adjustments in group, following a regular routine and discipline, manners and etiquettes, perception of mainstream, savings etc. transformation sessions are pre-planned and executed parallel with other activities of the centers. Sessions are aimed at focusing upon children/youth work upon goal setting in life and then working towards it, enabling them to become self reliant in due course of time. By this they derive a purpose to live and pursue individual goals in life. During the course of the sessions and meetings it is clearly explained to the children/youth that there are no short cuts in life; development is a process and to achieve struggle is essential. They begin to understand that by listening in sessions and meetings they remain focused, follow a routine and discipline enabling them to look forward to social mainstreaming and leading a dignified life.

## Chapter – 6

### *Recreation & Entertainment... for rejuvenation*

Recreation and entertainment are healthy for an overall development and normal growth of children. Play is one of the most important aspects for children and one of the best methods to teach them, as whatever is learnt is retained for a longer time. Through this method they learn to associate with place, things and people in due course of time. Children positively respond to learning through play.

On the street, recreation was always associated with the use of multiple drugs; whereas entertainment had centered on high risk behavior. Higher the risk greater is the enjoyment and thrill to experiment with something more risky and dangerous. They learn to participate and enjoy recreational and entertaining activities without the use of drugs and high risk behavior. Children/youth respond well to indoor and outdoor activities. They are provided different kinds of indoor/outdoor games and during long vacations outdoor games and activities are organized. Volunteering groups from various Corporates visit regularly and spend time with children in the rehab centres; while they are with them they even organize indoor games, competitions, interact with them and teach handicrafts.

Boys were taken to the Saphale Youth center for three days for an excursion. Youth had organized 'Bal Mela' for them which offered all kinds of outdoor games which the boys and staff had enjoyed thoroughly.

### *Excursion at our Saphale Youth Center...*



*Picnic at Kelve resort ...*



*Indoor Recreational activities...*





## Chapter – 7

### *Vocational Training for Youth... a path finder*

The thrust of the program is upon providing Vocational Skills training for the youth over 18 years, beyond school going age. There are six basic training courses offered to the youth like carpentry, welding, screen printing, catering, housekeeping and electrician-wiring lasting for a period of six months. While undergoing skills training the youth are put through transformation program which is an imperative in the rehab program. The transformation sessions are made interesting by the staff that executes. There are interesting sessions designed for the youth to articulate and share their feelings. Stated below are the major activities implemented in both youth centers at Mumbai and Saphale.

#### **Group/Individuals Sessions:**

Group and Individual sessions provide the youth with the opportunity to share about themselves and some of the personal issues are discussed in the individual sessions. Purpose of these sessions is not to isolate and discriminate, but to make them realize that all present in the group have similar issues/experiences, and it is a universal issue, and all are addicts having a common thread between them.

Individual sessions are intense as it addresses individual issues of the youth relating to their behavior, attitudes, habits and thought process. Along with the youth staff helps him identify and express on the pressing issue and work out ways to resolve it without disturbing the equilibrium of the center. Youth in the bargain get leads on areas they are required to work out which is monitored by the staff.

#### **Life Skills Education [LSE]:**

LSE sessions are derived and centered on the FLUTE methodology which focuses upon transforming old behavior and script of the street to the socially accepted patterns. These are interactive sessions eliciting responses from the youth. LSE sessions help the youth to bring about considerable changes in their behavior which enables them to get in touch with different facets of their personalities. Once again youth begin to re-learn social values and etiquettes which had vanished on the street.

LSE sessions bring back the essence of the mainstream by playing a pivotal role in shaping the youth. Transformation process teaches the youth accepted behavior for the social milieu. Sessions in small groups where they are made aware of the social environment considering the fact these youth have no back drop of any social references.

**Technical Training in Government Institutes:**

Youth have been in SUPPORT for a long time and have completed education upto 10<sup>th</sup> standard are motivated to undertake job oriented courses in Government run institutions. This brings them to a different exposure with other students along with coping with the selected course.

**Peer Educators' Training:**

Youth is selected on the basis of completion of detox and rehab programs at SUPPORT where there is definite changes in the behavior. They are the "role models" in the rehab centers encouraging and motivating the children to complete rehab. They share their personal experiences and journeys from the street to becoming a Peer Educator, which is always overwhelming and indeed inspiring. Center staff assigns them specific tasks at the centers which they are expected to fulfill for which they are paid a nominal monthly stipend. Carrying different tasks at the centers exposes them to a modest range of work. At the same time they are encouraged to save their monthly stipend for the future. Staff at the center supervises and monitors their work and provide regular feedback to them. Monthly meetings are important platform for review and discuss their monthly work, it enables the youth to improve on their behavior and adjust to the work assigned to them. Moreover, they get used to working in a certain time frame and also maintaining certain discipline.

This training for the youth is necessary providing them with the hands on experience of executing various tasks at the centres. Youth is involved in daily chores fruitfully in the centres, enabling them to build upon the self confidence and self esteem. Furthermore, a few aspire to become staff at SUPPORT in due course of time.

**Job Placements:**

Concept of job placement is incorporated with the vocational skills training program for the youth. In the mainstream acquiring skills is essential to be able to make a choice in kind the of job. On the street this was never a prerogative; children/youth took up any job that came their way on daily wages. They have never thought for the future, being addicts their survival has been moment to moment. Learning skills would definitely enhance their opportunities of procuring suitable jobs in the mainstream. SUPPORT staff liaison with private/service oriented companies wherein the youth is placed on job according to their interest and suitability. Placing the youth on job outside the center is good experience and exposure for most of the youth.

**Group Homes (Shared Accommodation):**

Once the youth commences working outside the center their behavior is under observation and monitored by the staff with the help of the employers. In the early stages of employment the youth continues to reside at the center. They attend their jobs during the day time and return to the center for sleepover, dinner and interactions with other youth

for a stipulated period of 2-3 months. “Half way homes” is what it is referred at SUPPORT. After settling in the jobs the youth is motivated to shift into shared accommodation with 4-5 employed youth; which is referred as “Group Home” that comprises of a single rented room. They begin to share the daily household chores and monthly expenses. Staff continues to maintain contact with them and monitors on how they are coping with personal and professional lives. Monthly meetings and home visits are ways to keep contact and extending assistance to them and sometimes help in resolving person issues. When there is sense of belongingness and personal contacts life becomes easier to live and move on.

**Table 10: Youth Beneficiaries at Mumbai:**

Total No. of Youth	Job Placements	Repatriation at Home	Discharged from Center	NGO Referral	Runaway	Referred to Saphale
111	24	13	22	01	10	22

**Table 11: Youth Beneficiaries underwent Vocational Skills Training:**

Screen Printing	Welding	Carpentry	Catering	Housekeeping	Electrician
21	22	21	07	19	21

**In this year we arranged job for 24 youth.**



*Some photographs of the youth in action:*

Catering...



Group Sessions:



***Repatriation & Reunification... strengthening family relations***

A vast majority of children arriving from the street are born and brought up on the street itself. In some cases they may be the third generation on the street. Parents are engaged in different types of reprehensible activities. In such cases the children are safe and protected at SUPPORT for a longer duration. It becomes difficult to reunite the young children with their families understanding well what the street has in store for them. Yet there are some obstinate parents who on the pretext of visiting their children create a ruckus at SUPPORT in front of the children. This leaves children hapless, confused and disturbed for some days, which adds further to the disturbance in the center.

However, repatriation emphasizes upon reuniting child/youth with their families and accepts any changes in the socio-economic conditions of the families. To prevent relocation of the child/youth fact finding and listening to families and child/youth is a necessity. This would bring to the fore front reasons for their escapades and landing on the street and becoming an addict. This paves way to initiate a dialogue with the parents/guardians.

The process of repatriation is completed at the rehabilitation center, organization and before the Child Welfare Committee [CWC]. Hence, involvement of parents/guardians in the process of repatriation is essential. Parents/guardians play a vital role in accepting and making the child comfortable when the child returns home after short or long time. This is an emotional moment for all, the child/parents/guardians, at the same time they all undergo an un-spelt apprehension. This being a delicate and sensitive situation requires skilful redressal. It is always wise not to dig up the past but to move ahead towards a fresh beginning.

Children do undergo feeling of tremendous rejection and guilt for fleeing from home and landing on the street and becoming an addict; this invariably surfaces when they decide to return home to their families. Besides rejection children also undergo 'fear' of being forced to work rather than getting the opportunity of continuing education. This requires emotional support and reassurance which the staff extends to them.

During the contacts with the family staff ensures that the socio-economic conditions of the family is steady and home environment is safe. Based on the first hand information the staff takes crucial decision about repatriation. In the long term this would avoid relapse and child reverting to the old lifestyle on the street. Reunification is considered when the family's socio-economic conditions are favourable.

## Chapter – 9

### *Saphale Youth Center... niche for contemplation*

#### **Group & Individual Sessions:**

The focus at Saphale was primarily on the transformation sessions with the youth by using some of the locally evolved media materials, to enhance the sessions and make them interesting. During the year group sessions were conducted with the youth; which benefitted majority youth who took up their skills training seriously.

Individual sessions are usually conducted with the youth to identify some of their personal issues that they are grappling with; followed by a dialogue between the staff and youth. This may hinder their behavior transformation. To resolve the issue(s) staff dialogues with the youth through which the youth understands that he is required to work out on certain aspects to bring about definite changes in himself to progress and move ahead.

Common Meetings with the youth is an essential part for general well being. These meetings are conducted to impart useful information on different topics, impart instructions related to rules and regulations, their conduct etc. It is also used to confront youth before others about his behavior, habits, language etc.



#### **Life Skills Education [LSE]:**

LSE is an imperative for the substance using youth; who were on the street for major part of the developing years. This has resulted in them becoming indifferent to everything in their environment. Information on various subjects is imparted which would be useful to them. This year emphasis was laid upon topics like gratitude, relationships, self reflection, managing emotions, decision making, grooming, communication skills, positive attitude, identification/problem resolving, honesty, coping with hard work, personal

hygiene/cleanliness, HIV/AIDS/STI, water borne diseases etc. LSE is an essential instrument that helps youth to connect with the mainstream and acquire a sense of belonging.

**Peer Educators Training Program:**

Peer Educators function as 'role models' in the rehab centers. They have completed detox, rehab and skills training at the center, later on they opt to do a course for peer educators. Peer educators are assigned tasks and responsibilities by the center staff like maintenance of cleanliness at the centres [indoors/outdoors], handling the daily laundry, sharing ones experiences with youth at the center, helping/cleaning with the cooking and kitchen work etc. By assigning different tasks at the center would enable them to be exposed to various jobs, which in future would help them to decide upon kind of work to choose.

In the long run they inspire many youth to change and complete the rehab/skills program. Monthly meetings enable them to maintain a regular check on themselves. Their behavior and work is regularly monitored by the center staff. Peer educators are able to articulate their feelings, resentments, and generally share about their work at the center.

**Medical/Health Care Services:**

Dormant health problems surface once the substance use ceases and the medical team is vigilant for any arising emergencies. Doctor checks the youth regularly and monitors their withdrawals and accordingly prescribes medicines. Fortnightly body checkups are useful to detect skin problems and other infections on the body, which may require medical attention. Some youth availed of treatment for skin infection and benefitted.

An eye check-up camp was organized for the youth at the center. Youth detected with weak eye sight were given spectacles.

The doctor has been conducting awareness generating sessions for the youth regularly on various diseases, personal hygiene/cleanliness etc.



**Recreation for the youth:**

Recreation is an integral aspect of life and youth enjoy indoor/outdoor games. Youth now have a new 'recreation room' which was inaugurated by two of SUPPORT trustees. The space is especially for youth to engage in indoor games and relax in their spare time, watching TV, listening to music and play games.



Youth and staff were divided into teams for the cricket tournament and they competed and enjoyed the game for two days. The winning team of youth was awarded new T shirts and chocolates. There was excitement and joy and the youth were high spirits.



Winning teams filled with glee after cricket tournament

The younger boys from the rehab center, Mumbai were taken for three days excursion to the Saphale center. It was a good change of environment for the boys and they had enough space to play and run about in the campus. Youth had organized 'Bal Mela' for the children in the campus.

Youth from vocational center, Mumbai had stayed at Saphale center for five weeks when the vocational center had undergone major renovations. Youth had followed same routine that they were used to in Mumbai and also enjoyed playing in the open space. At that time

there were several outdoor games organized for the Mumbai youth, which was fun and they all enjoyed it.

Sports week was organized for the youth by the staff; which encompassed indoor/outdoor games and sports. Staff had contributed towards purchasing prizes for the winning youth. Staff too participated in all the competitions along with the youth.

**Independence day& Republic day:**

Staff had invited a local person as a Chief Guest for flag hoisting and addressing the youth. This was followed by cultural program organized and participated by the youth.



**Diwali...the festival of light and yummy goodies:**

Staff along with the youth prepared all the goodies for the festival, which was distributed among the youth and staff. Youth made beautiful and colorful paper lamps [kandeels] and decorated the center with colorful lights, kandeels and rangoli.



**Recognition to Star Performers:**

The main aim is to provide incentives to the ex-user staff and peer educators for executing their roles and responsibilities as expected by the senior staff. It is important for others to appreciate and acknowledge addicts while assimilating into the mainstream; after the difficult phase they have been through on the street.

This year ex-user staff Ajaj Khan and two peer educators Bappi Maramu from boys' rehab center Mumbai and Saliq Daulal Sahu from Saphale youth center were awarded Star Performers. The function was attended by peer educators, ex-user staff and senior staff from Mumbai and Saphale. It was indeed an inspiring event and enabled to set an example for other ex-user staff and peer educators.



*Accomplishments at Saphale Youth Center...*

**Table – 12: Overview of Status of Youth at center:**

Training Units	Total # of Youth [inclusive of old & new]	Total # of Youth Repatriated	Total # of Youth Referral	Total # of Youth Runaway	Total # of Youth [end of the year]	Total # of Youth in Job Placements
Screen Printing	12	04	---	01	07	01
Welding	13	02	---	03	08	05
Carpentry	14	05	---	02	07	03
Catering	10	03	---	---	07	02
House Keeping	15	08	---	01	06	05
Electrician	18	10	---	02	06	05
<b>Total -</b>	<b>82</b>	<b>31</b>	<b>---</b>	<b>10</b>	<b>41</b>	<b>21</b>

**Group Home [Shared Accommodation]:**

The concept of group home is an integral part of mainstreaming wherein the employed youth are encouraged to stay in rented rooms in small groups. Main aim is to learn to stay together and share the household chores and expenses. While staying in small groups the idea is to develop a sense of belongingness and companionship; considering the fact they were on the street as addicts and had faced numerous problems. Group homes would provide them a support system enabling them to cope during issues arising at work or in personal life. The staff however maintains contact with them and also visits them every month. Youth receives help and guidance from the staff whenever necessary. This year 4 youth were settled in group homes and to give a kick start SUPPORT provided them with basic necessities like utensils, groceries, beddings, toiletries etc.

**Kitchen Garden for youth:**

Youth has been always zealous about the kitchen garden and take pride by tending to the different vegetables grown by them. Seasonal vegetables are grown in the backyard of the center. Youth enjoyed the yield of their work in the kitchen garden and benefited by partaking the various seasonal vegetables during the year. This has resulted in saving as compared to the market price.



*Youth working on the plots...*



*Photographs of Youth in vocational training...*

Carpentry...



Electrician...



Welding...



Screen Printing...



Catering...



Painting & Beautification...



House Keeping...



Hair Cutting...

