

# **SUPPORT**

Society Undertaking Poor People's Onus For Rehabilitation  
( Regn No. E-10336 Mumbai )

## *Annual Report*

2019-20



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## **ACKNOWLEDGEMENTS**

SUPPORT takes this opportunity of extending appreciation 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 donated in cash and kind towards the upkeep and welfare of our children and youth throughout the year. They have also sponsored meals, snacks and fruits to them from time to time; on special/auspicious occasions and even otherwise. Some Individuals and Groups have also donated toiletries, medicines, grains & clothes which have been an enormous help in taking care of children/youth in 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 some of the basic facilities to the children and youth in course of time; like Day Care & Outreach, Detoxification & Rehabilitation Programs, Education, Recreation, Medical Care and Health Services, Vocational Skills Training, Job Placements, Social Rehabilitation of Youth in Group Homes after they are employed, in the true sense Social Integration and Mainstream, which is SUPPORT's ultimate goal.

SUPPORT also gladly acknowledges the recognition received from the Government and Non-government organisation and community for our contribution towards working with substance using street children and homeless youth. The NGO's has commenced referrals of adolescents in under influence of drugs and street for the Transformation 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, conviction and persistence.

***IMPRESSIVE WORK DONE BY SUPPORT TEAM IN THIS YEAR...***

- 1) Summer Camp for 4 days for the boys was organised at SAPHALE centre from 22/04/2019 to 25/04/2019. The children had loads of fun playing in the open ground which is denied to them at Vakola. Sports and other outdoor games were organised.
- 2) APPI was sending an external evaluator to SUPPORT as we would be completing 3 years of partnership in December 2019. This study would help them to understand the project holistically and if we can expect to continue the relationship with them. The study was conducted by Ms.Meera Pillai from Bangalore and the areas covered were Relevance, effectiveness, efficiency and sustainability.
- 3) In the month of June 2019, we started the second batch of Naya Savera with HHH from Bangalore. 29 Youth are participating in the same. From the earlier batch HHH helped place 10 youth on job and two young women.
- 4) Month of July 2019 started with training on review of 3 months as all the teams at the different centres had worked out plans for 3 months. This was a good experience as it was the first time the staff had planned their monthly programmes. A definite change in their attitude towards work could be observed.
- 5) Mr. Ajaj Khan who has been with SUPPORT for over 13 years was promoted to the post of Centre in Charge at Day Care Centre at CST.
- 6) Five of our children got admission in ITI. One among them is a girl. This is the first time a girl has joined a vocational course like wireman.

- 7) IndusInd Bank has donated solar panels at Saphale Centre through CERE, one of their partners. we had the opportunity to present about our work with the employees of IndusInd from southern and western regions to increase the employee giving programme.
- 8) Updated SUPPORT website was launched on 17<sup>th</sup> October 2019.
- 9) The second batch of 30 youth completed the Naya Savera soft skills training successfully. They have been awarded certificates for the same.

## **CHAPTER – 1: PREVENTION AND AWARENESS PROGRAM ON ILL EFFECTS OF DRUG ABUSE...**

The focus of the program is predominantly on creating awareness on Nicotine or Tobacco, Gutka, Alcohol and Hardcore Drugs like Heroin, Cocaine, Brown Sugar etc., and its ill effects on the body and mind. The subject is normally treated casually and non-seriously. Although students understand that Tobacco causes cancer, but they are unaware of the fact of its social implications and effects, such as dropping out of school, isolation from family and friends, living alone and being lonely, landing on the street, and further depravity etc. The introduction to information on Alcohol and Hardcore Drugs for the students in Colleges and Technical Institutes elicited positive responses. It came as a big surprise when it was shared with them and they listened intently. Perhaps they had never thought of the effects while using it. Since the sessions are interactive we draw good participation and responses from students. The uniqueness of this program is it lays an emphasis on taking onus on the 'Self' to 'Say No' to drugs.

### **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.

### **Anti-Drug Day:-**

On the occasion of International Anti-Drug Day we organised 10 table interactions and street plays at Kurla, Govandi, Dharavi, Ulhasnagar, Saphal station ,LoknayakJayprakash Narayan High School Saphale and Pandit HaribhauLahane High School Saphale. The response was overwhelming and we have been getting enquiries about admission for detox. This programme has boosted the morale of the team at SUPPORT.





## **CHAPTER – 2: WINDOW TOWARDS RECONNECTION... DAY CARE CENTER**

SUPPORT has a day care center located at a strategic location, outside the Railway stations at CST. Day Care Center is an essential activity for SUPPORT. It is through the outreach activity of the Day Care center that the street children/youth under drug use are contacted and motivated to visit the center and avail of the facilities offered by the center. The basic purpose is to further motivate and encourage the drug using street children/youth to undergo detoxification and long term residential rehabilitation program and gradually become an integral part to the mainstream society.

Day Care center plans and designs the activities that would generate interest, curiosity and hold the attention of the drug using street children/youth for longer time. Outreach is an important activity of the day care, where contact/rapport is established with the children/youth on the street.

***Project Goal:- The main goal of this project is to encourage street children both boys and girls who are contacted through outreach and Day Care center to give up street life and reduce risk behavior through a process of detoxification, residential rehabilitation and mainstreaming.***

### **Number of Beneficiaries:**

During the year, SUPPORT had reached out to **1400** children/youth who had attended the Day Care and participated in the activities and availed of the services. SUPPORT had established contacts with **1400** children/youth [745 old & 655 new] on the street through its outreach activities.

Currently, there is no separate center for the girls but activities feasible to staff are being executed in the open areas of the street.

**Activities undertaken during the reporting period (with photographs):**Outreach:

- SUPPORT staff seeks out drug using children/youth that are on the streets.
- Children/youth are encouraged and motivated to come to the center.

**Beneficiary count (children/youth):**

No of street corner meetings held: 24

No of street program/shows held: 19

No of street children reached out to through 1-1 interactions: 1400

No of children mobilized for Detox through outreach: 107

Education/Recreation:

- Drug using children/youth are taught that they can learn, live and enjoy life without using drugs.
- Activities like carom, ludo, watching TV, music, dance etc. are organized at the center to keep the children/youth occupied, without using drugs.
- Basic aspects of learning are taught to the children/youth visiting the Day Care center through the Non Formal Education [NFE].

**Beneficiary count (children/youth):**

No of NFE sessions taken: 109

No of indoor games played: 36

No of children participating in the indoor games: 1461 \*

No of children participating in dance therapy sessions held: 15 \*

(\*Duplication in figures occurs due to multifaceted nature of our program, the activities of which need to be reconducted periodically.)

**MEDICAL/HEALTH CARE:**

- SUPPORT's doctor visits the day care centre once a week. He checks the children/youth, provides and prescribes medicines and also refers them to the Government run hospitals, whenever necessary. The staff accompanies them to the hospitals and also does the follow up of treatments being provided at the center.
- Children/youth are provided nutritious mid day meals daily.
- Children/youth are provided facilities like bathing/washing and drying of clothes.

**Beneficiary count (children/youth):**

No of doctor visits: 228

No of hospital follow-ups: 228

No of children given medication: - 73

No of children receiving quality meal: - 4788 \*

No of children receiving supplementary nutrition: -3387 \*

Facilities provided in the Day Care Centre - Bath and Sanitation facilities: - 1639 \*

(\*Duplication in figures occurs due to multifaceted nature of our program, the activities of which need to be reconducted periodically.)

**Group Sessions:**

- Group Sessions are held for the children/youth while they are at the center. This is an important mechanism in imparting information on different topics.
- Sessions overtime reiterates information to ensure children/youth comprehend and assimilate the information imparted.
- Sessions provide children/youth with opportunities to articulate about themselves which is never done on the street.
- Group sessions are a brilliant concept and a platform for these children/youth to express their woes and resentment about their family situation, life and experiences on the street, their escapades to other places etc.
- On the street there is nobody to listen to them, but they listen to various sounds and voices mostly irrelevant to them, but it is embedded into them. During the year, in all there were 158 group sessions executed on various topics.

| Sr. No    | Description  | No  |
|-----------|--|-----|
| <b>01</b> | No of health related sessions  | 33  |
| <b>02</b> | No of sessions taken to prevent/reduce drug abuse                      | 21  |
| <b>03</b> | No of informative sessions on impact of drug abuse                     | 16  |
| <b>04</b> | No of sessions on advantages of mainstream and sober life              | 14  |
| <b>05</b> | No of sessions to in still need for SUPPORT NGO to be freed from drugs | 27  |
| <b>06</b> | No of decision making sessions   | 20  |
| <b>07</b> | No of LSE sessions taken   | 27  |
|           | Total  | 158 |

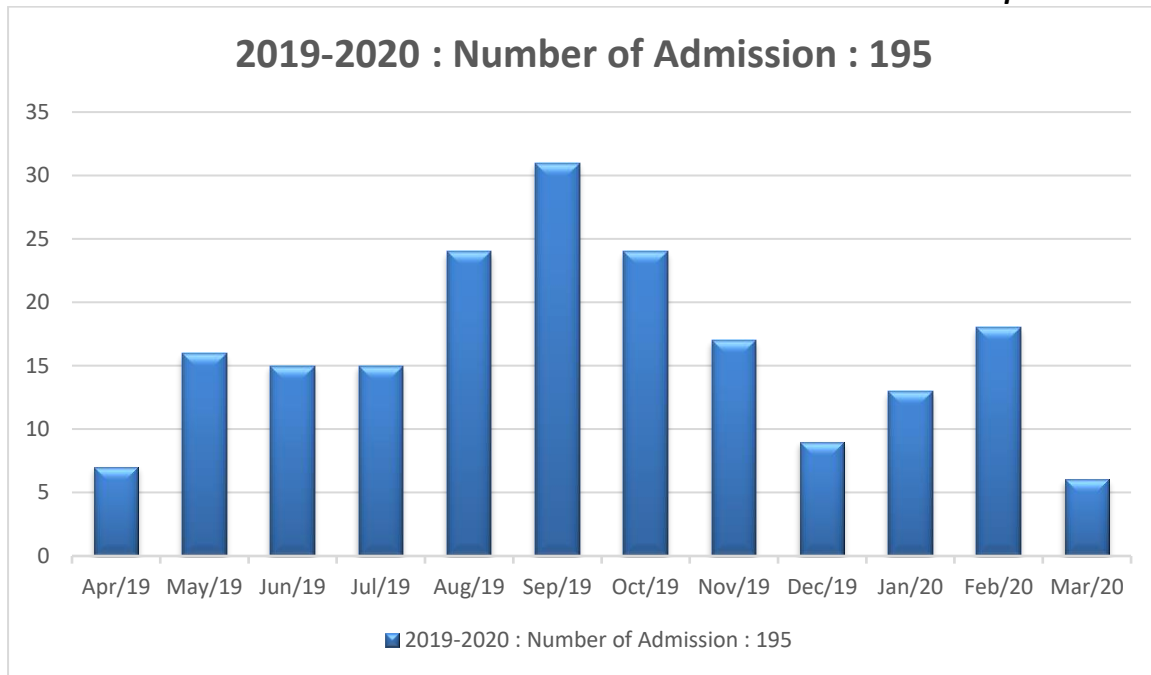
### **CHAPTER – 3 : MEDICAL & HEALTH CARE... AN ABSOLUTE IMPERATIVE**

‘Psycho’ meaning mind and ‘soma’ meaning body as it is understood the mind and body when found to be functioning normally in a person; apparently the condition is considered normal and healthy. However, this condition is non-existent in consideration to drug using street children and homeless youth; as they have been on the street and on addictive substances for long duration.

Existence on the street has unfavourable impact on children. Their unstable lifestyles lack of medical care and grotesque living conditions increases their susceptibility to constant ailments like respiratory/ear infections, gastro-intestinal disorders, sexually-transmitted diseases etc. While fending for themselves, they must find ways to satisfy hunger pangs, for which purpose, some scavenge and others find exploitative physical work. Many children and youth are lured by sadistic adults into selling drugs, stealing and sex work. Survival on the street is difficult with the use of harder addictive substances; which harms and affects the brain, their cognitive abilities to learn and also changes their personalities drastically. Medical facilities although available, street children and youth are unable to access due to their addiction.

Detoxification [detox] is an essential treatment that addicts undergo once they decide to lead normal and healthy life. Detox is a process of elimination of the toxins accumulated in the body due to multiple use of addictive substances overtime; which is for duration of 15-21 days. It is carried out with the help of trained and experienced Doctor and medical staff. This is planned and executed with the help of Doctor, medical team and the management of SUPPORT; wherein they all work in consonance with each other.

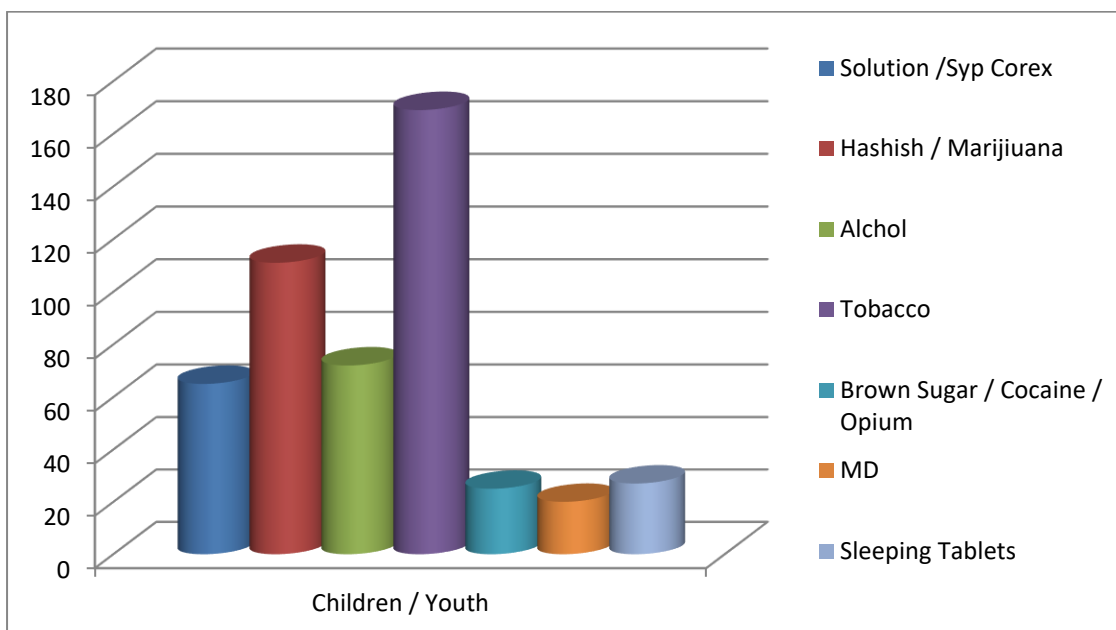
When children/youth are rescued from street and admitted for Detox, they bring along with them several health ailments which had gone untended on the street. Apparently, Doctor treats all those ailments along with the Detox treatment. As a part of Detox, all children/youth undergo routine pathological investigations. This enables us to detect all the major and contagious diseases that they are suffering from which is immediately treated in course of time, along with Detox.



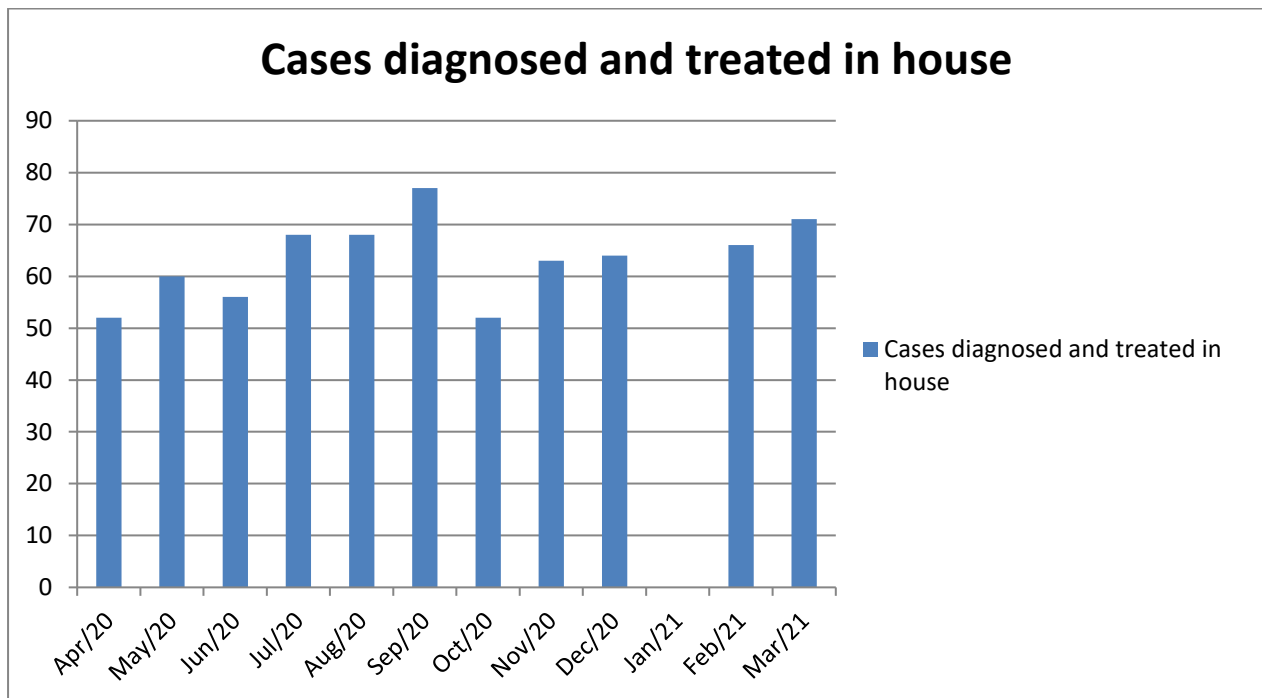
**Overview of Substances used by children/youth on street prior to detox:**

|                         | Solution/<br>Syp,<br>Corex | Hashish/<br>Marijuana | Alcohol | Tobacco | Brown Sugar/<br>Cocaine/<br>Opium | MD | Sleeping<br>Tablets |
|-------------------------|----------------------------|-----------------------|---------|---------|-----------------------------------|----|---------------------|
| <b>Children / Youth</b> | 65                         | 111                   | 72      | 169     | 25                                | 20 | 27                  |

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



Information about substance used by Children and youth [duplication is present due to multiple referrals].



During the year cases diagnosed and treated by SUPPORT organisation doctor. [duplication is present due to multiple referrals].

### **Medical Camp :-**

#### 1) **Dental Camp :-**

The Dental Camp was organized by Angel Dentist Network on 28<sup>th</sup> May, 13<sup>th</sup> June, 18<sup>th</sup> June, 20<sup>th</sup> June, and 27<sup>th</sup> June 2019. ADN provide preventive dental care to SUPPORT children and staff. ADN not only conducted dental camp but also they gave us treatment to our children & staff. Under this camp we covered following number in details centre wise.

| NAME OF THE CENTRE                         | CHILDREN  | STAFFS    | TOTAL     |
|--|-----------|-----------|-----------|
| <b>Detoxification Centre</b>               | 00        | 01        | 01        |
| <b>Boys Rehab Centre</b>                   | 63        | 00        | 63        |
| <b>Girls Rehab Centre</b>                  | 26        | 00        | 26        |
| <b>Vocational Training Centre Mumbai</b>   | 06        | 01        | 07        |
| <b>Vocational Training Centre, Saphale</b> | 00        | 02        | 02        |
| <b>TOTAL</b>                               | <b>95</b> | <b>04</b> | <b>99</b> |

**DENTAL CAMP**



- 2) A ***Skin camp*** was organized for the youth by Dr. Vivek, in the month of Jul and August, September 2019.
- 3) A ophthalmic Check up camp was organized for the children/youth by Dr. Yogita Rajgandhi ( Gaint Doudnation ) in the month of November 2019.

| CENTRES                  | CARE OF EYES SESSION | EYE CHECK UP |
|--------------------------|----------------------|--------------|
| <b>BOYS REHAB CENTRE</b> | 75                   | 75           |
| <b>GIRLS CENTRE</b>      | 58                   | 58           |
|                          |                      |              |

- 4) **Malaria Blood Test done by B.M.C. in July, Aug,Oct,Dec – 2019 and Jan- 2020**  
Municipal Corporation of Greater Mumbai [MCGM] Health unit from the H-East Ward had conducted Blood test for children/youth for detection of Malaria.

|              | Jul- 2019 | Aug-2019 | Oct - 2019 | Dec-2019 | Jan-2020 |
|--------------|-----------|----------|------------|----------|----------|
| <b>BOYS</b>  | 50        | 56       | 45         | 79       | 30       |
| <b>GIRLS</b> | 39        |          |            | 52       | 45       |
| <b>VOC.</b>  | 25        |          | 30         | 30       | 34       |





Malaria Blood test  
by BMC at Vakola  
Boys Rehab Centre



Malaria Blood at  
Vocational Training  
Centre

Every month conduct group Session on health by medical staff conducted Medical staff for children/youth:

## Chapter - 4

### LONG TERM RESIDENTIAL REHABILITATION PROGRAM... CHANCE TO TRANSFORM

#### **The initial phase...**

On completion of Detox children/youth undergo long term residential rehabilitation program for a period of six months to one year; depending from case to case. A trying period for most children/youth who may be confined to a closed environment for the first time or after long time. Their lives were so used to being on drugs while on the street, post detox there is a 'vacuum' created which they find hard to deal with. Children are disoriented, lost, agitated, apprehensive, restless and confused and find it difficult to cope in the new place, full of children. This situation is not easy for children and staff at the rehabilitation centers. Among children it manifests by shouting, screaming, crying aloud and running around in the center or beating/teasing others in the group. Indeed a pandemonium, but staff use the challenging situation and relax rules for them till they settle at the center.

Staff engages them in various interesting activities to divert their minds of the agitation; like drawing/painting, reciting the prayers, 16 steps, narration to stories, action songs, reciting poems, clay work, indoor games, paper craft, listening to music/dancing and watching TV etc. Children have never sat in one place on the street and have a problem when they are expected to sit for longer time. Therefore, these activities encourage them to sit, concentrate and complete. Staff with sheer perseverance and patience motivates children to complete the activity assigned to them.

#### **Details about admission in ( Boys and Girls Rehab Centres ) during the year 2019-2020 :-**

Details about Admission and activities conducted during the last year :-

| Description   | Boys       | Girls     | Total      |
|---|------------|-----------|------------|
| <b>No of Children at the beginning of the year</b>        | 94         | 43        | 137        |
| <b>No of New Admission in the Month</b>                   | 34         | 32        | 66         |
| Total Admission   | <b>128</b> | <b>75</b> | <b>203</b> |
| <b>No of Children Discharged/Repatriation/ Group Home</b> | 23         | 11        | 23         |
| <b>Transfer to SUPPORT – Vocational Training</b>          | 05         | 00        | 05         |
| <b>No of Children - Ngo referral</b>                      | 00         | 00        | 00         |
| <b>No of Children Runaway</b>                             | 02         | 00        | 02         |
| End of the year Under Programme                           | <b>98</b>  | <b>64</b> | <b>162</b> |

#### **Details about Transformation program and Other Activity**

**( Boys and Girls Rehab Centres ) during the year 2019-2020 : -**

| Description    | Boys Centre | Girls Centre | Total      |
|----------------|-------------|--------------|------------|
| <b>School</b>  | 57          | 37           | 97         |
| <b>College</b> | 00          | 00           | 00         |
| <b>ITI</b>     | <b>02</b>   | <b>01</b>    | <b>03</b>  |
| Total          | <b>59</b>   | <b>38</b>    | <b>100</b> |

**Non Formal Education [NFE]...**

Young children in the rehabilitation program are mostly ‘first generation learners’ where education in their families was never a prerogative. Families had survived on daily wages and making ends meet with difficulty. SUPPORT’s in-house teachers take over and begin with teaching children to hold pencil, sitting in one place and participating in an activity, concentrating in the activity etc., some of the most basic aspects. Apart from which they also focus on the elementary factors of learning like alphabets, numbers, colors, shapes etc.

Children over time settle in the class and participate with enthusiasm; and require attention by the teacher upon writing alphabets/numbers or drawing etc. Invariably the Teacher applauds children at different times in the class and center. These children are emotionally impoverished, and with every positive stroke and appreciation they begin to improve. The purpose for living and achieving begins for them. Overtime these children are ready to attend school. Older children disinterested or over age for education are referred to SUPPORT’s Vocational Training Center. There were 66 children who benefited from NFE after the detox treatment; of which 17 children would be enrolled into school in the next academic year.

**Formal Education [FE]...**

Education provides an anchor and opens out myriads of avenues to explore and evolve in life. It enables children to stabilize and gives meaning to live. SUPPORT has laid a thrust on mainstreaming of the children/youth once they have completed rehabilitation program and the best way has been through education.

Formal education actually commences when children are enrolled into Government run schools situated in close proximity to the centers. Children are admitted to age appropriate standards by the schools. Hence, they have to work doubly hard and cope with new experience of schooling. Under the Education Program, SUPPORT has in-house coaching classes for children. The teachers revise the portions taught in schools and assist children in completing their homework. Children who are weak receive attention so that they can be at par with others at schools. In-house coaching class teachers use various teaching materials to

make their classes interesting which also keeps the children motivated to attend school and pursue their studies. The Education Team [Teachers, In-charge and Consultant] attend PTA meetings [Parents-Teachers' Association], Open Day for Parents, Annual Day Functions, Information impartation sessions for parents etc. It enables in keeping track of children's academic progress, participation in extra-curricular activities and behavior in the schools.

In-house coaching classes are in progress during the short and long vacations for the children, in order to keep them academically alert. This academic year, 97 children [37 girls & 57 boys] benefited from the Education Program and passed the school final examinations and are promoted to the next standard. One child who had appeared for S.S.C. examinations passed with 66.3%.

## Chapter – 5:

### FLUTE METHODOLOGY... THE ESSENCE 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.

SUPPORT is addressing the substance using street children in the age group of 6-17. Since addiction is a disease children that are enveloped in it require treatment. Child with addiction cannot be perceived in isolation as a child only. Basically the child is an addict. Thus 'addict' is the key factor that cannot be missed. On the street, children have undergone huge change in their behavior, habits, attitudes and thought process. Thus, when they are admitted to the Detox and Rehab programs they bring with them the street culture and think that can be as they were on the street.

Transformation is a long term process of working on the behavior, habits, attitudes and thought process. The longer time children stay in the residential rehabilitation program they benefit. At the centres children/youth are put through a disciplinary regime of following a regular routine. Moreover, sessions are conducted to make different concepts simple and explicit; with the help of various stories, pictures etc. Over time it makes an effect on the children. Gradually, they begin to differentiate life at the center and street.

Slowly the transformation sessions provides them the stability and self-esteem that is required to move ahead in the social mainstream. There are certain elements in the transformation schedule that addicts are required to remember throughout their lives; which would restore them and keep them away from relapsing in future. Eventually, it is reiterated to them to internalize and stay with them forever.

**Group sessions and meetings:**

The main essence of our long term programs stem from the fact that even when children and youth have stayed away from drugs for long duration, the addiction still exists. Addiction is a disease and relapse occurs with the desire to repeat the intake of drugs. Abstinence is the only way to avoid addiction and the addicts in recovery learns to do so all their lives. This lesson is repeatedly driven into their minds through the group sessions and meetings.

Apparently, sessions and meetings form the backbone of rehabilitation program. Through these sessions, certain clarity is brought to the children and youth addiction being a disease, long term effect of usage of drugs, and the types of addiction. Meetings are also organized to make explicit the importance of relationships, adjustments in groups, following a regular routine and discipline, manners and etiquettes, perception of the mainstream etc. Transformation sessions and meetings are pre-planned and essential and progress parallel with the activities in the centres. They are aimed at enabling the children and youth to focus upon goal setting in life and working towards it to become self reliant in course of time. They derive the purpose to live and follow their individual goals in life. Somewhere during the sessions and meetings children and youth also realise that there are no short cuts in life; and they have struggle for their own development. Eventually they are aware that when they listen in course of the sessions and meetings they stay focused, follow routine and discipline enabling them to look forward to social mainstreaming and leading dignified life.

## Chapter – 7

### **REPATRIATION & REUNIFICATION...RE-ESTABLISHING TIES WITH FAMILY**

The major thrust of Repatriation is to reunite the child/youth with their family and adjustment to the socio-economic conditions of the family and environment. Providing a listening ear to the child/youth and the family separately is an imperative to prevent relocation on the streets. In the process of repatriation, it is essential to emphasize upon fact finding which forms the key to understanding the various reasons for children fleeing from homes. It also forms a basis for initiating a dialogue with the parents/guardians.

Repatriation is completed at the rehabilitation center, organization, and before the CWC. Thus involvement of families in the process of repatriation is essential. Parents/guardians play an important role in cushioning the relationship with the child who returns home after short or long time. It entails innumerable surge of emotions laced with anxieties felt by the child/parents/guardians. Therefore being a sensitive and delicate situation, it requires to be skilfully redressed. Consequently it is best to bury the past and look ahead to a fresh beginning. There are certain broad tips to consider while at an interface with the child and the family.

When children are prepared and willing to be repatriated home, they may undergo an immense feeling of 'rejection' or 'guilt' for fleeing from home and becoming an addict on the street. Apart from rejection they also undergo 'fear' of being forced to work rather than attending school and provided a fair opportunity to continue education. These are crucial moments where children require reassurance and emotional support which is rendered by the staff.

The sound financial status and positive and safe environment of parents/guardians is a very crucial deciding factor in repatriation so as to avoid relapse of addiction. Hence if the conditions allow the reunification, only then child/youth are reunited with the family. This year, 19 youth were reunited with their families.

**Some Photos of Repatriation (Apr 2019 to March 2020) :-**





## Chapter – 8

### **REHABILITATION PROGRAM FOR YOUTH... PATH TO CHOOSE**

**Table 1:** Overview of Outcome of Activities

The output from the start of the program is given in the consolidated form below.

| Outcome                                   |           | No. of Youth |
|---|-----------|--------------|
| No. of youth beginning of the year        |           | <b>81</b>    |
| No. of New Youth                          |           | <b>135</b>   |
| Total number of beneficiaries in the year |           | <b>216</b>   |
| Total No of Discharge in one year Month   |           | <b>150</b>   |
| Discharge Against Program Advice          | 10        |              |
| Discharge After Programme Completion      | 22        |              |
| Discharge - Job Placement                 | 32        |              |
| Discharge – Repatriation                  | 47        |              |
| Discharge – Peer                          | 00        |              |
| Discharge - Ngo’s referral                | 02        |              |
| No. of Youth Runaway                      | 11        |              |
| Discharge – Group home                    | 26        |              |
| Current No. of Youth under Training       | <b>39</b> |              |
| Current under social rehab                | <b>27</b> |              |

**Vocational Training:-167are in the training program.**

The youth underwent training in the 4 units at the vocational training center. The table below shows the details;

**Table :- Overview of the Youth in Skills Training**

| Total No. of Youth in Skills Training<br>167 youth | Total Coverage |
|--|----------------|
| <b>Welding</b>                                     | 27             |
| <b>Carpentry</b>                                   | 40             |
| <b>Wireman</b>                                     | 46             |
| <b>Tailoring</b>                                   | 22             |
| <b>Training Programme Completed</b>                | 89             |
| <b>Training Programme Incomplete</b>               | 39             |
| <b>Now Under Going Training</b>                    | 39             |
| Total No. of Youth                                 | <b>167</b>     |

**Transformation program and Life Skills Education (LSE):-**

The life skills education is the integral part of rehabilitation therapy. All the youth who come for drug de addiction program, come with multiple emotional traumas and the life skill sessions addresses exactly that. After completing detoxification, every recovering addict thinks he is cured of drugs as there is no physical pain. At such a stage LSE helps to shed the mental dependence on the drugs and street life. These Life skills help the youth build coping mechanism. Every resident undergoes the LSE training in the form of group sessions, exercises. The sessions are aimed at building positive personalities out of all the negative emotions the youth have been carrying with them all the while. The LSE sessions are also important for them to survive in the mainstream.

| <i>Transformation programme Activities April 19 to Sep 19</i> | <i>Total</i> |
|---|--------------|
| <b>No of group therapeutic sessions</b>                       | 155          |
| <b>No of one to one counselling</b>                           | 1189         |
| <b>No of LSE sessions taken in house</b>                      | 97           |
| <b>No of LSE sessions taken by visiting resource</b>          | 05           |
| <b>No of youth's meetings taken</b>                           | 86           |
| <b>No of youth's Sharing taken</b>                            | 29           |
| <b>Peer meeting</b>   | 08           |
| <b>No of parents' visits</b>                                  | 50           |
| <b>No of Home Visit</b>                                       | 08           |
| <b>Group Home meeting</b>                                     | 01           |
| <b>Enjoyment Activity</b>                                     | 43           |

**Job Placement: 57 youth have been placed on jobs.**

Job placement is the biggest challenge that SUPPORT faces because the volatile nature of the youth and their lack of exposure to work in the structured settings. Before placing the youth on jobs, they are oriented to the demands of the mainstream and the adjustments that are to be made to stay in the mainstream. Between 1st April 2019 to 31st March 2020 youth have been placed in semi-skilled jobs. The employers are given the background of the youth and constant monitoring is done with them. The aim is again to keep the youth motivated to retain the job by maintaining the routine.

**Peer Educators (PE): From 1<sup>st</sup> April 2019 To 31<sup>st</sup> March 2020 ( 4 new youth were inducted under peer educators' program )**

This is an important training for the youth and is chosen on the basis of completion of detox and rehabilitation programs at SUPPORT and positive behavior at the center. They work in the centers as 'Role Models' and motivate the younger children to undergo and complete rehabilitation program and also share personal experiences with them; which is inspiring indeed. At the centres, Peer Educators are assigned various tasks and responsibilities which they fulfil and are paid a nominal monthly stipend. Youth are encouraged to save their monthly earnings for the future. They assist the Staff in taking care of the children, laundry, maintaining cleanliness at the centres, interacting with children, escorting children to schools etc. Staff at the centres supervise and monitor their work. Monthly meetings are conducted by the staff for them to review their month's work, adjustment to the assignments and also provide feedback wherein they bring about appropriate changes in themselves. As the Peer Educators are not used to working for long hours and engaging in different types of work; therefore, it brings about certain discipline in their work; like managing their time and completing tasks in a given time frame and reporting to the staff. The program is essential at this point on time for the youth; as it gives them hands-on experience of carrying out different types of work at the centres. As youth is not used to daily duties allotted for work, this prepares them. It engages them fruitfully in the daily chores of the centres and builds on their work experience. Some aspire to become future staff at SUPPORT which is encouraged.



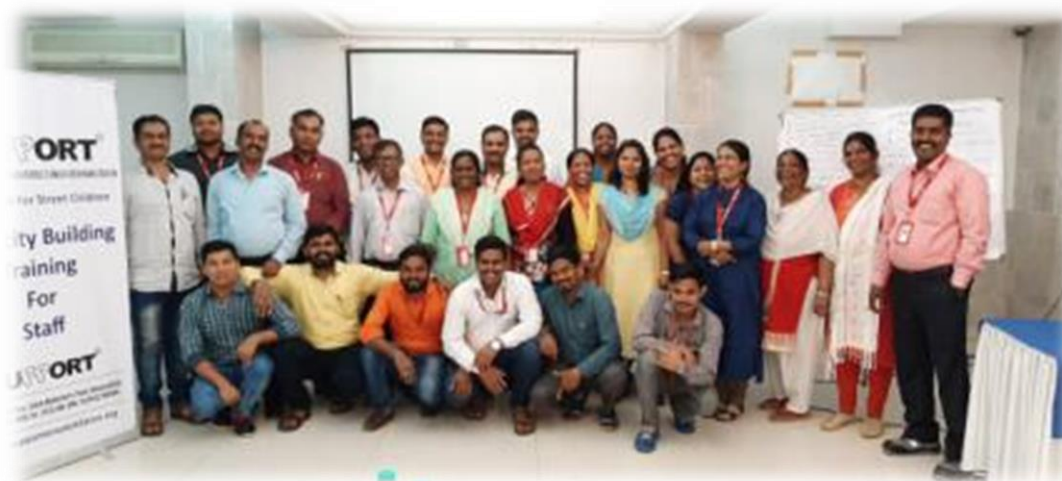
**Group Homes:**

When the youth begins to work outside the center his behavior is observed and monitored by the staff with the help of the employers. Youth continues to reside at the center; although he works during the day time and returns to the center at night for a period of 2-3 months. This arrangement is referred to as a 'Half way home' at SUPPORT. Thereafter, youth shifts with other employed youth outside the center into shared accommodation. This arrangement is convenient for all the employed youth; wherein they form groups of 4-5 and rent a single room and stay and thereafter share all the expenses and also go to work. Staff maintains contact with them and monitors how they cope with personal and professional lives and renders help whenever essential. Apart from which monthly meetings are conducted to meet all the employed youth and render group sessions and acquire feedback about their work and personal lives. The sense of belongingness and personal contact keeps them moving ahead.

**Repatriation: From 1<sup>st</sup> April 2019 To 31<sup>st</sup> March 2020(47) were repatriated and reunited with their family.**

Repatriation is an important part of successful discharge. But repatriation has many challenges. Many times, the family has moved out from the residence that the youth remembers. Some families do not even accept the youth back. With the abject poverty and deprivation in the family, the repatriated youth becomes uncomfortable in his stay with the family and come back. At this stage too, SUPPORT intervenes and helps the youth to stay sober in dire circumstances. At SUPPORT, repatriation is done following a standard protocol. The youth is escorted by a staff member to his residence. Necessary verifications are carried out and the youth is handed over to his family. The period from 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020 witnessed 47 cases of repatriation.

**Staff Training Programme:-** 7 staff training programs have been done till April 2019 to March 2020.



**Started Naya Savera Program new batch:-**

In the month of June 2019, we started the second batch of NayaSavera with Head Held High from Bangalore. 8 Youth are participating in the program.



**Certificate Distribution Program: -**

On January 26 occasion of republic day, Naya Savera Program( HHH) certificate distribution took place in the Saphale center.



**ACKNOWLEDGEMENT**

SUPPORT is grateful for the contribution through financial support as well as the support in kind and services received from various Individuals, Trusts and Corporate. We acknowledge alphabetically, some of our large and regular donors.

***Accenture Employees (routed through NASSCOM FOUNDATION)***

***Brihanmumbai Municipal Corporation***

***Charity Aid Foundation Gay – India***

***IndusInd Bank Employees, India***

***Swissair Staff Foundation for Children in Need, Switzerland***

***United Way of Mumbai***

# SUPPORT<sup>®</sup>

SOCIETY UNDERTAKING POOR PEOPLE'S ONUS FOR REHABILITATION  
Regn No E-10336 (Mumbai)

## Drug Rehab Centre for Street Children

**Vision: -**

SUPPORT aims to eradicate substance use among street children and homeless youth to prevent high risk behavior.

**Mission: -**

To encourage street children and homeless youth to give up their drug habit and reduce risk behavior through a process of detoxification, rehabilitation and mainstreaming.

**OUR Trustees**

- Mr. Pradeep Agarwal
- Mrs. Kalindi Muzumdar
- Dr. Ramesh Thakkar
- Ms. Sapna Agarwal
- Dr. Purna Sharma

### Organisation Chart

