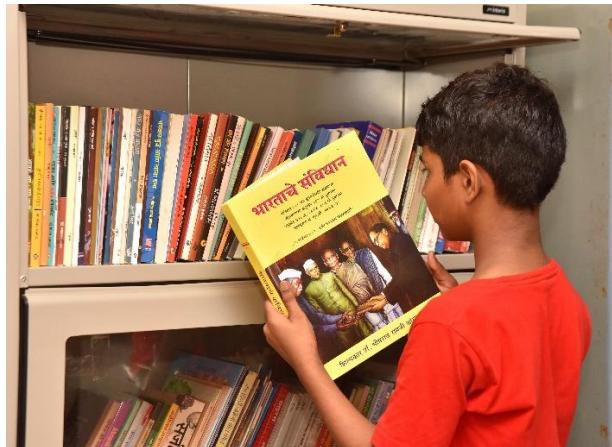


SUPPORT®

ANNUAL REPORT 2021-2022



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Acknowledgements

SUPPORT takes this opportunity of extending appreciation and gratitude to several Individuals, Groups, Corporates, Donor Agencies, and our Staff for their endeavours 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 and settling them in their 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.

Chapter - 2

Day Care Center...

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 bathe 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 neighbours 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.

Activities undertaken during the reporting period (with photograph):

1) 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: 08

No of street children reached out to through 1-1 interactions: 285

No of children and youth mobilized for Detox through outreach: 74

No of Group Session on (informative, advantages of mainstream and sober life, decision making sessions): 16

Some photographs of Outreach/Street Corner Meeting



➤ **Table 1 : Networking with CWC/WCD**

Sr.No	Description	Numbers
i	No of visits to CWC/WCD/NGO/ Govt. Office	20
ii	No of children mobilized for residential rehab through CWC/WCD	27

➤ **Table 2 : Detail of Addiction**

April 2020 To March 2021

Age Group	Solution/Sniffing Glue	Alcohol	Tobacco/Gutka/Cigarette/Beedi	Hashish/Marijuana	Brown Sugar	Sleeping Tablets
5-8 Yrs	00	00	00	00	00	00
9-13 Yrs	08	02	04	01	00	00
14-17Yrs	17	03	18	07	00	00
18+ Yrs	166	166	226	179	74	56
Total	191	171	248	187	74	56

➤ **Drug Awareness Programme :** In this reporting period we have conducted 8 drug awareness Programme in the community, Government observation Home.

Some photographs of Drug Awareness Programme





At Trombay Mahada Bus Stop , Mumbai



At Building Mahul Masjid, Chembur,
Mumbai on 22 Oct 2021

At Mahim Durga, Mumbai on 21st Oct 2022



At Mumbai JJB on 5th July 2022

The program was conducted by center in-charge and Peer Rinku, Joseph, Rohan Ahire and Aniket Thakur. After the event, CCL (Childrens in Conflict with Law) youths expressed their desire to come to the support center.

At Bhiwandi JJB on 20th August 2022

Chapter - 3

Detoxification and Medical Programme.....

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/youths 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 – 3: Information on Detoxification Camps organized:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Girls	00	01	00	00	01	02	00	01	00	00	00	00	05
Youth	00	00	00	11	16	10	03	11	06	00	00	00	57
Boys	00	00	00	00	03	04	03	00	01	00	00	00	12
Total	00	01	00	11	20	16	06	12	07	00	00	00	74

Table – 4: Overview of Substances used by children/youth on street prior to detox:

Centre	Solution, glue, whitener, thinner,	Hashish, marijuana	Alcohol	Brown-sugar, cocaine, opium, heroin	M.D.	Sleeping tablets	Bhang	Ganja	Charas	Corex	Tobacco	Gutkha	Nicotine
Girls	00	00	00	00	00	00	00	01	00	00	01	03	03
Boys	01	00	03	01	01	01	00	05	01	02	03	05	08
Youth	18	00	36	11	12	15	05	41	08	06	28	34	47

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

	Name of the center	V.N. Desai Hospital.	Sion Hospital.	K.E.M. Hospital.	Dental Private Hospital	Cooper BMC Hospital.	J. J. Hospital.	Nair BMC Hospital.	Lions club dental	Skin follow up	Psy.fup	DOTS	
Girls	43	03	01	19	01	00	01	17	06	00	02	00	
Boys	54	14	01	17	05	00	00	18	17	00	05	02	
Youth	08	02	00	05	01	00	00	01	02	00	04	00	

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

Table – 6: Consolidated Information on Diagnosed Diseases/Doctor Check-up:

Centre	Injury	Scabies	Dental	Cough	Eyes	Ears	T.b.	Ortho	Fever	Skin	Chickenpox	Pain	Herpes	Other
Girls	12	05	33	25	13	22	06	07	60	34	00	37	00	131
Boys	101	05	38	02	12	28	18	19	66	72	00	78	00	163
Youth	39	00	31	36	22	11	04	06	21	100	00	105	01	70

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

Hospitalization and surgeries:

Centre	Surgery	Non surgery
Boys	01	01
Girls	00	00

Various Awareness Programs conducted by doctors/Medical Staff 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
- Sex Education
- Personal Hygiene/Cleanliness

Some photographs of programs by the Medical center...

	
Group Session with girls on health-related Subject by Medical Staff	Group Session with boys on health-related Subject by Medical Staff
	
On the occasion of World Adoption Week (November 9) we organised medical Camp for children.	

	
<p>On the occasion of World Adoption Week (November 9) we organised medical Camp for children.</p>	<p>In the month of November 2021 we organised malaria test camp with the help of BMC hospital set up.</p>
	
<p>Covid – 19 Vaccination Dose Camp organised at SUPPORT for Staff and youth</p>	

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:

Description	Boys Centre	Girls Centre	Total
No of Children at the beginning of the year	91	49	140
No of New Admission in the Month year	12	05	17
Total Admission	103	54	157
No of Children Discharged/Repatriation	28	03	31
No. of Children run away	00	02	02
End of the month Under Programme	75	49	124

A. Transformation sessions:

The transformation sessions and meetings that were held regularly at SUPPORT that form the backbone of our drug rehab program. The regular and frequent sessions reinforce and reassure the children and help them come to terms with their traumatic past. These sessions also enhance their skills in listening, understanding, relating and

developing a sense of belonging/trust etc. We empower the children with education and a strong set of values to overcome their obsession for drugs and street life.

All the LSE (Life Skills Education) sessions are based on the FLUTE Methodology focusing upon transforming the old behaviour patterns or script of the street to the new patterns that are socially accepted. LSE in SUPPORT has contributed towards bringing about definite behavioural changes, which has enabled the addicts to get in touch with different facets of their personalities over a period of time. This is an interactive process which is essential to gauge and supervise their behaviour.

Considering all the factors LSE plays an essential role in shaping children and youth for the mainstream. It is through the transformation process that youth have to be taught accepted behaviour of the mainstream. It is usually dealt with in small groups, since these youth come from a background where they have no reference points in their lives. Therefore, they are not aware of the world outside the street and LSE helps in acquiring all that is essential for the social environment.

Table – 2: Transformation Program for the Children: -

	Transformation program and Life Skill Education (Boys & Girls)	Boys Centre	Girls Centre	Total
i	No of group therapeutic sessions	28	30	58
ii	No of individual therapeutic sessions	1247	1190	2495
iv	No of LSE sessions taken in house	126	85	211
v	No of LSE sessions taken by visiting resource	05	00	05
vi	No of children's meetings taken	75	41	116
vii	No of parents' visits	84	00	84

B) Counselling sessions: -

Counselling was one of the important aspects in SUPPORT programme. Earlier SUPPORT organisation doesn't have counsellor for the counselling of cases. We appointed full-time counsellor in the month of February 2022 to cater to the psychological needs of the target group of SUPPORT. For two months there was an individual counselling session held for the beneficiaries of the age group of 7 to 22 years of age. The sessions were to cater to the emotional needs of the children at the centre owing to the COVID 19 SOP's. The beneficiaries at the centre also expressed their desire to go home even though they are

on the streets. It was challenging to convince the beneficiaries that the situation would not remain the same. Apart from this the beneficiaries also came up for discussion of inter and intrapersonal conflicts that were attended to. The beneficiaries were open to share their case history and the events that have left scars of negativity that will be attended to in the fourth coming sessions.

The practise of the NGO is to intake the beneficiaries as trainee and impart PEER training for 6 months and then take them as PEERS in the program. This practise was initiated to avoid relapses in the target group and to stabilise the client by offering them homely environment. After looking to their behaviours and their methodology of handling cases they are evaluated and promoted as INTERN Staff and then taken as STAFF. About 50% staff are beneficiaries turned staff hence they need hand holding in different aspects continuously. Counselling sessions have helped this group too.

Thus, counsellor role has been important as it has given the beneficiaries a chance to vent out their feelings.



Table – 3: Details about Counselling and Sessions conducted by Counsellor : -

Work Description	Number
INDIVIDUAL COUNSELLING SESSION	129
INTERN/STAFF/PEER	07
GROUP SESSIONS	10



SUPPORT staff with children while taking group session. (Life Skill Education)

B. Educational activities:

Education is the route to successful assimilation into the mainstream society. The ultimate goal of education is to make these boys and girls independent and to enable them to eventually lead productive and healthy lives. At SUPPORT, we perceive education as encompassing non-formal, formal education and Vocational Training, with mainstreaming as the ultimate objective.

C. Academic Activities

Currently we have 126 school going children under our rehabilitation program.

The academic activities are as follows:

1) Non-Formal Education (NFE):

NFE commences soon after children finish de-addiction program and are in the residential rehabilitation program. Children are in the NFE class for at least six months.

SUPPORT has in-house coaching class teachers under the Education Program who then take charge of the children. The street children that come to SUPPORT are 'first generation learners' having no knowledge about school and education. Our teachers initiate lessons which are at the elementary level like introducing children to numbers, alphabets, colours, shapes, drawing/painting, craft, story narration, picture exhibits and discussion, singing, dancing and poems etc. Children are taught right from holding of the pencil to learning alphabets. Since it is challenging it demands a lot of patience

on the part of teachers and planning sessions to create interest in the beneficiary.

2) Formal Education:

Children are enrolled into Government run schools in Marathi and Hindi medium and in age-appropriate standards as per the Education policy by the Government. The in-house coaching class teachers play a vital role in sustaining the interest and motivation among children to attend school and continue with studies. SUPPORT conducts in-house coaching classes for children regularly wherein the teachers revise portions taught in schools and enable the children to complete their homework daily. This is helpful as children receive individualized and group attention by the teachers and sometimes extra attention to cope with studies on regular basis.

When children have long vacations, the in-house coaching classes continue to function to keep them in contact with the academics. Later the teachers organize indoor games and competitions for the children.

Table – 4: Education facilities and in-house coaching

Sr.No	Education facilities and in-house coaching	Numbers Boys & Girls
1.	No of children availing NFE facility in the Centre	43
2.	No of children undergoing formal schooling	126
3.	No of children availing in house coaching class facility	126
4.	No of children completing grade 10 (SSC Exam) successfully	15
5.	No of children undergoing open schooling for secondary and senior secondary education	00
6.	No of children taking training in ITI	13
7.	No of children taking up other training courses (eg nursing etc)	01
8.	No of Children Provided School Material	126



SUPPORT staff with children while going to school



SUPPORT Teacher with children while taking in-house coaching class.

3) Education Extension Program (EEP):

Children who have passed S.S.C. (10th standard) are encouraged to pursue higher education; by getting into degree college, technical courses or any other professional courses. Then there is another category of youth that aspires to complete S.S.C. by appearing privately or through the Government run programs. SUPPORT provides children and youth opportunity to seek education and progress in life.

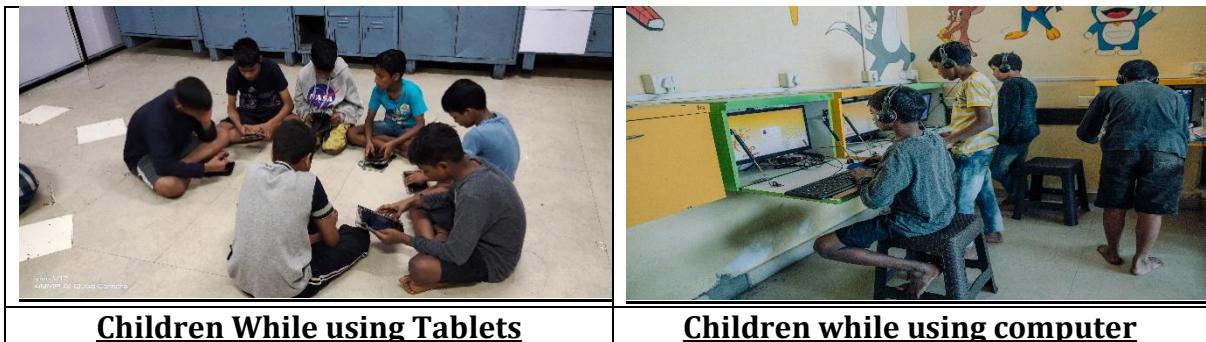
4) Library:

The children at the centre were told stories that held moral values now they have an opportunity to read the books by themselves, with the availability of the library books at the centre. At the same time the 474 books of General Knowledge, lives of saints and social books are going to enhance and add value to their lives.



5) Tablets:

Occurrence of COVID-19 has shifted the learning process from physical to Online. This type of learning has made the beneficiaries well versed with the technology in a very short span of time. The receipt of education on tabs have made it more interesting and creative for these strata of society. Tabs have been a boon in the field of education for those who are really interested in academics.



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 behaviour, attitudes and habits of the children. They expect to lead a similar life that they had led on the street.

These are behaviours 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 centre 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 centred on high-risk behaviour. Higher the risk greater is the enjoyment and thrill to experiment with something riskier and more dangerous. They learn to participate and enjoy recreational and entertaining activities without the use of drugs and high-risk behaviour. 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.

A) Indoor Activities:



B) Outdoor Activities: -



Chapter – 7

Vocational Training Center

The thrust of the program is upon providing Vocational Skills training for the youth over 18 years, beyond school going age. There are three basic training courses offered to the youth like Carpentry, Welding, 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/Individual 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 behaviour, 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 centred on the FLUTE methodology which focuses upon transforming old behaviours 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 behaviour 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 behaviour 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.

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:*



Carpentry Trade	Welding Trade
	
Wireman Trade	



Chapter – 8

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.

Some Photos of Repatriation (1st April 2021 – 31st March 2022): -



Chapter - 9

Success Stories of Transformation

Manish Dattatraya Pashte. I came to a SUPPORT organization when I was 13 years old. When I was 09 years old, I was studying in Class 03 Anitgaon Marathi School, near Shankar Deul, Kurla - Vashi Naka School. I used to go for a walk with my school friends. My friends who were in school with me were addicted to tobacco, gutkha and cigarettes. Friends used to talk to me every day, trying to get drunk and it would be cool, so one day I ate Gutkha from Akshay, the first time I ate Gutkha, I felt dizzy and vomited. After that I ate Gutkha again the next day and there was no problem. Then I used to eat Gutkha every day when I went to school. I started using tobacco, gutkha, and cigarettes. I used to bunk school almost everyday. After completing 3rd standard, I was expelled from school because I missed lots of classes in 4th standard. My mother didn't know that I was expelled from school, so that she would think I was going to school. I used to wear school clothes every day and leave home during school hours, walk around all day and come home during school hours. My dad died when I was 2. I have 2 younger sisters and 1 younger brother at home. My mother used to work in a shoe company.



One day my mother found out that I was expelled from school and I was not allowed to go to school anymore. One day my uncle set his sights on me and caught me doing drugs. Uncle(mama) told my mother about it and that day my mother beat me with a stick and I was hit on the head, that day mother did not go to work. My mother brought me to a SUPPORT organization to quit addiction.

The staff from the support organization took me to the Child welfare committee, Dongri and brought me from the court to the SUPPORT organization. I did a 21 day detox. During that time I was taught how to get rid of the addiction. I had daily sessions and meals, and I was given medicine that was provided on time. I felt uncomfortable when I tried to quit the addiction, I used to wait for my mother to come and take me back home. I was told to stay in rehab for 6 months after detox. I used to be in tension when the 6 months ended. At that time, I was given NFE and was taught how to cope with school.

One day my mother came to visit me and told me to complete my education till 10th by staying in a SUPPORT institution, if you come back you will meet friends and again you start doing drugs. So, I told my mother that I will stay in the SUPPORT and complete my education. Then I completed from 04th to 10th standard education by staying in a SUPPORT institution. Scored 74.40 % marks in 10th. Now I am undergoing training in Electrical Engineering from Industrial Training Institute, Mandvi, Mumbai.

Success Stories of Transformation



Before

After

Success Stories:

TAPPAN RAJ

Tappan is the younger of the two children, always smiling and jovial although he misses his family. He doesn't remember from where he originally belongs. He was playing with his friends in a train which was stationary at the platform and he hid himself under the seat and fell asleep and later on the train moved on and he landed in Mumbai. At that time he was only 6 years old and had felt lost being alone in a strange city. Slowly he made friends and stayed with them. He would beg on the streets/traffic junctions,

sweeping/begging in local trains and ate frugal meals. He was introduced to smoking cigarettes by his friends. It was lucky that SUPPORT's outreach staff found him before his friends got him into other abusive substances. While on the street, he would visit SUPPORT's Day Care center and was convinced to opt for detox/rehab program to which he had agreed.

This was a turning point in his life. On completion of detox program, his rehab began. He was admitted to a government run school. The rehabilitation program at SUPPORT focused on bringing about a transformation in his behaviour, attitudes and habits preparing him for the mainstream. Apart from which there are several activities essential for a developing child, like recreation, drawing, handicrafts etc. At SUPPORT he was also tutored by our in-house coaching class teachers. The regular coaching classes enabling him to cope with the day-to-day homework and lessons in school. He found the classes helpful and was able to cope well with his studies in school. This resulted in him completing his 10th standard school final examinations and had scored 82% which was commendable feat.

He was completed ITESM (Information Technology Electronic System Maintenance) two years course under Government Industrial Training Institution with 76.28%.

Educational Qualification journey of Mr. Tappan as follows:

DEGREE	INSTITUTE	UNIVERSITY/BOARD	YEAR	PERCENTAGE
SSC(X)	Shree Chhatrapati Shivaji Shikshan Sanstha Madhyamik vidya mandir Mumbai	Maharashtra State Board	2011	82.73%
ITESM	Government of Maharashtra	ITI Kurla Mumbai	2013	76.28%
DIPLOMA (Ind. Electronic)	K.J Somaiya polytechnic	Autonomous	2018	79.20%
B. E	Dr. D. Y. Patil school of Engineering academy	Pune University	2021	71.14%

Tappan applied for a job with HCL in Pune after finishing his B.E., and he was hired following an interview. He earns Rs.40,000 every month. This is the successful beginning for Tappan to become a part of the mainstream social milieu. This is the best example of role model for all of us.

Thank You



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

Drug Rehab Centre for Street Children

Vision: -

SUPPORT aims to eradicate substanceuse among street children and homelessyouth 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

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