

Project Title

Street Children's Empowerment through Reducing Vulnerable Environment- SERVE



Submitted By

M. Mathew Arumai, MSW, DCHM,

Community Ailment Redressal Establishment-CARE,

No. 1/1, St. Xavier Street, Lourdhu Nagar, Chelpet-606801,

Tiruvannamalai District, Tamilnadu, South India.

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Acronyms

SERVE	Street children's Empowerment through Reducing Vulnerable Environment
CARE	Community Ailment Redressal Establishment
MFR	Monthly Financial Report
MAR	Monthly Activity Report
NGO	Non-Governmental Organisation
FCRA	Foreign Contribution Regulation Act

Project Summary:

The habitation of street children in Vellore is very poor. they face are poor health and nutritional problems and low educational standards, poor amenities and societal discrimination, sexual exploitation and health care discrimination and hazardous works in un-organized sectors, alcoholism, drugs, etc. There is a wide gap that no intervention programs have been executed here to change their life style so far. In order to make positive changes in educational, health, social and economical status of street children in Vellore, CARE has proposed to carry out welfare activities for them with following goal, objectives and strategies:

Project Goal: Reducing the impact of the vulnerable situations on Street Children in Vellore.

Project Objectives:

- To decrease the school dropout by the street children aged between 5-17 from 25% to 0% in Vellore by 2018.
- To increase the educational skills of street children aged between 5-21 from 40% to 80% in Vellore by 2018.
- To enhance the vocational skills of 90 street children aged between 16-21 in Electrical and plumbing and Apparels making and Fashion Technology trades in Vellore by 2018.
- To reduce the adverse impact of health on the street children aged between 5-21 from 60% to 20% in Vellore by 2018.

- To enhance the social life skills of the street children aged between 5-21 from 40% to 80% in Vellore by 2018.

Project Duration: 1st April-2015 to 31st March-2018

Target Group:

S. No.	Number of Benefiting children	300 Children
1.	Average age of children in the project	5-21 years
2.	Number and percentage of children from 5 - 15 years	210 and 70%
3.	Number and percentage of children from 16 – 21 years	90 and 30%
4.	Girl/boy ratio	2:3

Project Implementation Strategies:

1. Alternative education
2. Vocational Skill Development
3. Promotion of Health
4. Social skill development
5. Capacity Building

Amount requested for implementing the three years project: **USD. 80078**

MILIEU OF THE ORGANIZATION

Name of the Organization	:	Community Ailment Redressal Establishment (CARE) #1/1, St. Xavier Street, Lourdhu nagar, Chetpet-606801 Thiruvannamalai District, Tamilnadu State, South India Phone: +91-4181-252105 Cell: +91-9443215833 Email: caremathew@gmail.com
Nature of organisation	:	Charitable Trust
Year & Place of registration	:	424 / 2004, (Under Indian Trust Act) Tirupattur
Legal Status of the Organisation:		Registered Under Indian Trust Act, Income tax exemption acts 12A and 80G and Foreign contribution Regulation Act- 2010

FCRA No: 076080153

Permanent Account Number (Income Tax): AAATC8837F

Chief functionary : Mr. M.Mathew Arumai, MSW, DCHM.

Area of operation : A. Vellore,
B. Chetpet

Vision : Healing the afflicted people through holistic care

Mission :

“CARE is committed to empower the most marginalized people to enable them to get redeemed from the clutches of physical, mental, educational, economical, and social poverty and become productive members of society”.

Values :

- ❑ Solidarity with poor, powerless and the excluded will be core of our struggle against poverty and injustice.
- ❑ Courage of conviction, requiring us to be creative and progressive, bold and innovative- without fear of failure-in order to make both the greatest possible impact on the causes of poverty, exclusion and injustice.
- ❑ Equality and justice, requiring us to work to ensure equal opportunity to every person, irrespective of caste, color, class, ethnicity, disability, location, and region.
- ❑ Humility and modesty in our conduct and behavior, recognizing, that we are part of wider alliance against poverty and exclusion.
- ❑ Mutual Respect, requiring us to recognize the innate worth of every individual and community and value of diversity.
- ❑ Honesty and transparency, demanding that we are accountable at all levels in order to be more effective in our actions and open in our judgments and interaction with others.

Main Goals and Objectives of the Organization:

- ❑ Protection, Promotion and propagation of Human rights especially Children, Women empowerment, people living with HIV/AIDS, and Marginalized people rights.

- ❑ Strengthening Community structures through welfare programs.
- ❑ Capacitate the Individuals, NGOs and other Community based Organizations on various health, Women, and Children, and development issues.
- ❑ Provision of holistic development to street Children and Homeless and Marginalized people.
- ❑ Assisting and conducting research programs or studies for the purpose of promotion of the objects of the organization.

Community Ailment Redressal Establishment is a benevolent, nonprofit able and non-governmental organization working for the wellbeing of marginalized people in Vellore and Thiruvannamalai Districts in Tamilnadu state. It is a registered organization and was registered under Indian Trust act in 2004 with committed social scientists and social reformers. Currently this organization is involved in organizing programs for homeless people marginalized women and street children, creating awareness on STI, HIV / AIDS and Tuberculosis, and giving counseling to the people with various problems. The women are organized into self-help groups and they are strengthened to gain the required skills in their lives to come up. In development we build the capacity of individuals, communities and NGOs, through training and empowerment strategies, so that they can acquire improved lifestyles and develop the community in which they live. CARE also joins with the under privileged and marginalized communities in attaining Human Rights, health rights and women's rights. All the work and strategies of CARE are based on protection of confidentiality, respect, non-discriminative, non-judgmental of the individual and communities and involving the community in all stages of activities.

The organization works with a plethora of communities who are vulnerable and stigmatized, by the society. Through multi sectoral, gender and culture sensitive approaches, it empowers these communities to adopt economically and socially improved lifestyles. They are as follows:

- 1) Homeless people
- 2) Street children and Child labourers
- 3) Destitute women
- 4) Dalit People
- 5) Dalit women
- 6) Children with disability
- 7) People living with HIV / AIDS
- 8) Women self help groups
- 9) Children affected and infected with HIV/AIDS
- 10) Land less labourers

Project Title: Street children's Empowerment through Reducing Vulnerable Environment-SERVE

Problem statement and Justification:

Street children constitute a marginalized population in most urban centers of the world. The problems of street children are more significant in the developing than developed world and it was estimated that more than 100 million children live and work on the streets in the developing countries. Moreover, India alone is home to the world's largest population of street children, estimated to be 18 million⁴. War, poverty, urbanization, rapid economic growth, the breakdown of families, and domestic violence are the most immediate causes of this phenomenon's growing proportions. The Indian Embassy has estimated that there are 314,700 street children in metros such as Mumbai, Calcutta, Chennai, Bangalore and Hyderabad and around 100,000 in Delhi alone¹.

Children who are vulnerable to street life include those who have been abandoned by their families or sent into cities due to family's intense poverty, often with hopes that a child will be able to earn money for the family. It was found that most of the street children were from nuclear families and higher percentage of street children had illiterate parents. Beside these, low income of the parents, presence of step parents, guardian other than parents and intra familial physical abuse are associated with the runaway group of street children in India².

A survey among 100 street children at the New Delhi Railway Station in India revealed that 86% of boys in the age group 14 - 18 years were sexually active; however a very low number of them knew about safe sex protection and condom usage. Not one of them reported having ever used a condom². The result of the major study conducted by Ministry of Women and Children development showed that Out of the total of 2211 respondents, 42% (48% of boys and 39% of the girls) children faced at least one form of sexual abuse or the other. Sexual abuse was found to be prevalent in both joint and nuclear families⁵.

Yet another study showed that 76% of the children were smoking tobacco, 45.9 % chewing tobacco, 48% taking inhalants, and 42.1% consuming alcohol. 78% of the children interviewed had self reported Delinquent behaviour. This included stealing, fighting, rape and self directed aggression. The delinquent behaviour predominantly occurred in the context of the peer gang (70.3%) but a significant proportion of the deviant behaviour was solitary³.

The street boys who are living on streets normally are employed in the unorganized sector as Rag pickers, Vendors, porter, Coolies, some had odd jobs in Vehicle repair shops and hotels. The girl children were often employed in 'beedi' factories or selling flowers but a large proportion had been pressed into commercial sex work as soon as they landed up on to the streets. They also encounter a wide range of stressors in their everyday life. Since they have not had an adequate opportunity learn adequate socializing, surviving and coping skills, they are forced to adopt aberrant behaviours that lead them to indulge in antisocial activities like drug abuse, fighting with others, reacting quickly, weathering physical harm, stealing, etc 4.

Vellore is a municipal corporation and district headquarters of Vellore district of the state of Tamil Nadu in India. Vellore lies on the banks of the Palar River on the site of Vellore Fort. The city is located between Chennai and Bangalore. Vellore has many educational institutions including the world famous Christian Medical College and Vellore Institute of Technology. It is well connected by Rail and bus routes to major towns of the neighboring states like Andhra Pradesh, Karnataka and Kerala. Vellore is for its rich history known town with the famous Vellore Fort built as early as 1500 B.C. to function as one of the major seats of administration in the Vijayanagar Empire. Even in the modern world it is an important administration center being the district headquarters of not only the erstwhile North Arcot district for a long time but also the recently carved out Vellore district. Being situated 220 meters above sea level, Vellore town has a dry and hot climate. The minimum temperature is 18.4c during November – January and the maximum temperature is 40.5 c during April – June. The humidity ranges from 40% - 63% in summer and 67% - 86% in winter. The average annual rainfall is 996.7mm. The maximum rainfall occurs during September and October through north east monsoon. The area gets a fairly good rain during southwest monsoon also. According to the Tamilnadu censuses-2011, the total population size of Vellore district was 3928106. It included 1959676 male and 1968430 female. According to 2001 censuses, the total population size of Vellore town was 177413. The city spans approximately 10 km and is developed around the Fort, which is considered as the center of the city. The total city area is 87.915 km. Hundreds of leather and tannery facilities are located around Vellore and its nearby towns. The Vellore district is the top exporter of finished leather goods in the country.

The habitation of street children in Vellore is very poor. They are also encountering same problems as other street children facing across India with a little difference. Some problems they face are poor health conditions and nutritional problems and low educational standards, poor amenities and societal discrimination, sexual exploitation and health care discrimination and hazardous works in unorganized sectors, alcoholism, drugs, etc. There is a wide gap that no intervention programs have been executed here to change their life style so far. The condition of the street children is becoming worsened day by day. When they are left uncared, there is a possibility that they will become antisocial element causing problems to self as well as society.

In order to make positive changes in educational, health, social and economical status of street children in Vellore, CARE has proposed to carry out welfare activities for them and seeking financial support from donor agencies through Global Giving for implement these activities.

Project Goal: Reducing the impact of the vulnerable situations on Street Children in Vellore.

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Educational Status of the Children:

S. No.	Medium	No. of Children	% of Children
1.	Primary education	90	30%
2.	Secondary education	45	15%
3.	Vocational training	90	30%
4.	School dropout	75	25%

Strategies:

1. Alternative education
2. Vocational Skill Development
3. Promotion of Health
4. Social skill development
5. Capacity Building

Activities with Time Schedule:

Activities	Responsible Persons	Time Schedule
ALTERNATIVE EDUCATION 1.1 Coaching Class <ul style="list-style-type: none"> On return from works and schools, the children will be engaged in tuition. The dropout children will have special classes to learn subjects which are relevant to them. The school going children will be facilitated to recall the subject taught at their schools and prepare for their examination. The tutors would assist them to learn new aspects and the children will get their doubts clarified. The children will have participatory learning like educational quiz, debate, puzzles making and simulation games, etc. 	Tutors	5.30pm-7pm Every day from Monday to Friday
1.2 Reintegration of children into mainstream of school education. <ul style="list-style-type: none"> The drop out children who have had adequate educational coaching at the care centre will be admitted to regular schools to continue their education. The Project co-ordinator will approach schools' officials, explain them on children's situations and request them to readmit the drop out children at their schools. The tutors will explain the parents about importance of education and motivate them to readmit their children at regular schools. The project co-ordinator will seek co-operation of district educational officer to readmit the children at the regular schools. 	Project Co-ordinator and Tutors	During all working days from Monday to Friday
1.3 Provision of education Materials. <ul style="list-style-type: none"> A child at the project will have 2 sets of uniforms, note books and school bags. 	Project Co-ordinator	June-2015

<ul style="list-style-type: none"> The tutors will assess the needs of children and report to the Project co-ordinator. Based on the report given by tutors, the project co-ordinator in consultation with Project Director and Accountant will purchase and provide educational materials to the children. 	(PCO)	
1.4 Educational Tour <ul style="list-style-type: none"> The children will have an educational tour to Chennai where they will see and learn about important places which are in their school curriculum. The Project co-ordinator together with other staff will arrange a tour 	Project Co-ordinator (PCO)	November-2015
1.5 Sports Day <ul style="list-style-type: none"> Once a year the children will have sports completion at care centre The tutors will prepare events and conduct sports completions for them. The winners will be awarded with certificates and prizes 	Project co-ordinator	September-15
VOCATIONAL SKILL DEVELOPMENT 2.1 Electrical and Plumbing Course <ul style="list-style-type: none"> The boy children aged 16-21 years will have one year electrical and plumbing training course at the centre. The dropout children who are not interested to continue school education will be admitted for the course. An instructor will be recruited and he will provide basic training to all the students. The course curriculum will be prepared with educationalist, psychologist, experts, and industrialist. The children will have both theoretical and practical inputs. The students will undergo training for 7 months at centre In the last three months the organization will place them to undertake comprehensive practical training at business establishments or industries. 	Instructor	June-2015 to March-2016

<ul style="list-style-type: none"> • The project co-ordinator together with Instructor will approach industries and get placement services for the students. • Once students have completed their course, they will be honored with certificates. • The organization will assist them to establish their own firms or get better jobs. • The students will have an industrial exposure visits to nearby places 		
<p>2.2Apparel making and Fashion technology course</p> <ul style="list-style-type: none"> • The girl children aged 16-21 years will have one year training course at the care centre. • The dropout girl children who are not interested to continue education will be admitted for the course. • An instructor will be recruited and she will provide basic training to all the students. • The course curriculum will be prepared with educationalist, psychologist, experts, and industrialist. • The children will have both theoretical and practical inputs • The students will undergo training at centre for 7 months • In the last three months, the organization will place them to undertake comprehensive practical training at well established business establishments or industries. • The project co-ordinator together with Instructor will approach industries and get placement services for the students. • Once the students have completed their course, they will be honored with certificates. • The organization will assist them to establish their own firms or get better jobs. 	Instructor	June-2015 to March-2016

<ul style="list-style-type: none"> The students will have an industrial exposure visits to nearby places. 		
PROMOTION OF HEALTH 3.1 Counselling services <ul style="list-style-type: none"> Once a week, a psychologist will visit the centre and provide counseling to those who are in emotional, psychological problems and inter personal conflicts. The problems may include interpersonal conflicts, drug addictions, Alcoholism, career guidance, poor performance in academics, mal-adoptive behaviours, etc. If any children need special attention or treatment, then they will be referred to hospital for further treatment. 	Psychologist	Every Saturday
3.2 Health Education <ul style="list-style-type: none"> The Project co-ordinator will arrange the health education programs. The children will be taught on self hygiene, and communicable and non communicable diseases. External resource persons will conduct health education classes Audio visual aids will be used to educate the children 	Doctors, Nurses and Health Educators	Once a Month
3.3 Medical treatment to sick Children <ul style="list-style-type: none"> The children at the project will have a provision for medical treatment If anyone fall sick they will be taken to nearby hospital for treatment The organization will provide medicine at free of cost. Once in 6 months the children will get de-worming tablets. 	Tutors	All through the year
3.4 Vaccination <ul style="list-style-type: none"> Many children at the project need vaccination The tutors will identify the needs of the children with their parents and accordingly arrange to provide vaccination to children in co-operation with primary health centers. The project co-ordinator will make preliminary visit to primary health 	Project Co-ordinator	Only when it is required

centers and urge them to extend their co-operation to administer vaccinations to street children who have not had vaccination.		
3.5 Medial Camps: <ul style="list-style-type: none"> • The organization will conduct 3 health camps for the children at regular intervals. • The project co-ordinator will arrange all camps in co-operation with medial team from nearby hospitals. • All the children at the project will have complete medical checkups during these camps. • The children with illness will be provided with medicines at the free of cost. • If anyone require special treatment they will referred to territory hospitals for further treatment. • Medicines will be purchased according the requirements and advice of medical team. 	Project Co-ordinator and External Medical Team	June, October, and March - 2015-16
3.6 Provision of hygiene Materials <ul style="list-style-type: none"> • The street children are prone to a lot infections and health hazards and very poor in maintaining self hygiene. • Thus, they will get hygiene materials like bathing soaps, washing soaps, hair oil and tooth paste and brushes at the care centre. • Once a month children will receive those hygiene materials from the Accountant with co-operation of tutors. • And he will maintain distribution records 	Accountant	First week of every month
3.7 Provision of food to Children <ul style="list-style-type: none"> • The children at the project will get balanced nutritious dinner every day • This provision will supplement to the food they have every day outside of the project • The cook will prepare dinner and the helper will the cook to prepare food 	Tutor and Cook	Every day except on Sunday

<ul style="list-style-type: none"> During festive seasons the children will get special food. Kitchen utensils will be purchased to prepare food.. 		
3.8 Provision of snacks to Children <ul style="list-style-type: none"> The children will have snacks every day evening at the care centre. 	Tutor and Cook	Every day except on Sunday
SOCIAL SKILL DEVELOPMENT 4.1 Talent exhibition Programs <ul style="list-style-type: none"> Every Saturday the children at the centre will perform cultural programs Once in three months, the organization will conduct talent exhibition programs for the children at the project site. The programs will include dance, mono acts, drama, debate, fancy dress competitions, quiz events, speech competition, essay competition, puzzles making, street theater, singing competition, etc. The children will be encouraged to do rehearsal at the project site The tutors will assist the children during rehearsal for better performance. The tutors will teach technical inputs for talent exhibitions. The organization will provide necessary materials for talent exhibitions. The tutors will organize special programs during national festive seasons. 	Tutors and Instructors	Every Saturday June, September, December and March -2015-16
4.2 Art therapy <ul style="list-style-type: none"> Art therapy is particularly useful for children who may struggle to communicate verbally or to express their feelings. The children who have been involved with an art therapist do not need to have experience, or be good at art. It is simply used as a medium for confronting difficult emotions and to help with awareness and self-development. <p>The Art therapist will be</p> <ul style="list-style-type: none"> Assessing the needs of the street children by listening and providing guidance Enabling street children to explore their art work and the process of its 	Art Therapist	Every Saturday

<p>production</p> <ul style="list-style-type: none"> • Assessing and understanding the feelings or temperament of street children • working creatively with various children groups in a therapeutic setting • constructively challenging the behaviour and attitude of street children • maintaining art therapy space and materials • sharing of good practices with street children • The therapist will visit the project once a week on every Saturday and engage the children. • He will assist the children to come out of their problems with various situation 		
<p>4.3 Social exposure visits</p> <ul style="list-style-type: none"> • The organization will arrange two social exposure visits to government and non government organizations like bank, post office, social welfare board, industrial development office, NGOs involved in the income generation programs, etc. • During these visits the street children will learn various functions of government and non government organizations • These visits will facilitate the children to learn the habit of saving, various government schemes, criteria to avail those schemes, income generation programs, social moral and values, important of education, etc. • The project co-ordinator will make preliminary visits to those organizations and get the permissions from concerned officials for visits. • The tutors and instructors will assist the project co-ordinator in organizing the exposure visits 	Project Co-ordinator	July and February - 2015-16
<p>4.4 Recreational programs</p> <ul style="list-style-type: none"> • The Children shall have recreational facilities at the care Centre. As soon as they come from school and work they shall be encouraged to spend 	Tutors	Every day

<p>some time in playing indoor and outdoor games. So that they shall be free from mental tension, refresh themselves to get engaged with educational activities and gain creative thinking and mental courage to handle hard things in future as well.</p> <ul style="list-style-type: none"> • The games will include chess, carom, ring ball, puzzles, cricket, etc. 		
<p>4.5 Music therapy</p> <ul style="list-style-type: none"> • The children will have an opportunity for their personal growth through music therapy at the centre • Every Saturday the musician will come to care centre and teach how to play musical instruments. • The musician will also teach the children on Application of skills, Public performance, Television skills, Creating a character, Improvisation, Story-telling, Music styles and application, Musical direction, Orchestration, Complex text, Music theatre, Contemporary dance, Choreography, Physical theatre, Voice and speech, Theatre technologies, Singing, Acting, Stage fighting, Mime and mask work, Theatre in education and the community, Stage management, etc • The main musical instruments will include Key board, Tableau, and Guitar. 	Musician	Every Saturday
<p>CAPACITY BUILDING</p> <p>5.1 Training program on communicable and non communicable diseases</p> <ul style="list-style-type: none"> • The organization will conduct two training program on communicable and non communicable diseases • The training will be participatory • External resource persons will handle the sessions • The training includes power point presentation, question and answers, case study presentation, group work and presentation, etc. • The topics to be covered in training will include HIV/AIDS, STI, 	Project Co-ordinator	September-2015 and May-2016

<p>Reproductive health, mental health, alcoholism, drug addictions, other communicable and non communicable diseases, prevention and control aspects, etc.</p> <ul style="list-style-type: none"> The project team will help the project co-ordinator to organize these programs. 		
<p>5.2 Training program on sex and sexuality</p> <ul style="list-style-type: none"> The organization will conduct a day long training program on sex and sexuality for the children aged 14-21 The training will be participatory External resource persons will handle the sessions The training include power point presentation, question and answers, case study presentation, group work and presentation, experience sharing, etc. The topics to be covered in training will include sex and sexuality, gender, gender role, gender discrimination, physiological and psychological changes in adolescent stages, premarital counseling etc. The project team will help the project co-ordinator to organize this program. 	Project Co-ordinator (PCO)	July-2015
<p>5.3 Training program on socializing skills</p> <ul style="list-style-type: none"> The organization will conduct a day long training program on socializing skills The training will be participatory External resource persons will handle the sessions The training include power point presentation, question and answers, case study presentation, group work and presentation, experience sharing, etc. The topics to be covered in training will include emotional management, friendship management, self regulation, self esteem, leadership, interpersonal communication, problems solving, humor, empathy skills, behavior change communication, etc. The project team will help the project co-ordinator to organize this program. 	Project Co-ordinator	December-2015

5.4 Training program on life coping skills <ul style="list-style-type: none"> • The organization will conduct a day long training program on life coping skills • The training will be participatory • External resource persons will handle the sessions • The training include power point presentation, question and answers, case study presentation, group work and presentation, experience sharing, etc. • The topics to be covered in training will include stress management, problems solving, social support, health life style, communication, etc. • The project team will help the project co-ordinator to organize this program. 	Project Co-ordinator	January-2016
5.5 Training program on entrepreneurship skill development <ul style="list-style-type: none"> • The organization will conduct a day long training program on entrepreneurship skills • The training will be participatory • External resource persons will handle the sessions • The training include power point presentation, question and answers, case study presentation, group work and presentation, experience sharing, etc. • The topics to be covered in training will include Strategy tools, problem solving, decision making, learning new skills, career skills, stress management skills, communication skills, project management, team management, handling criticism, creativity techniques, and time management. • The project team will help the project co-ordinator to organize this program. 	Project Co-ordinator	March-2016
6.1 Project Team <ul style="list-style-type: none"> • The project team will consist of Project Director, Project Co-ordinator, Accountant, two tutors, two instructors, a cook, and a helper. • Each person in the project will have specific roles to play for the welfare • the children 	Project Director	All through the year

<ul style="list-style-type: none"> • Job description will be provided to each staff at the time of appointment • The project will act according the protocol given by Donor agency through Global Giving 		
<p>6.2 Monitoring and Evaluation</p> <ul style="list-style-type: none"> • The project planning, execution and evaluation will be done in accordance with guidelines of Donor agency through Global Giving • In addition, the project team will have monthly review meeting in which the project Director will review the activities carried out in the last month with every staff and accordingly plan for the next month activities. • The project staff will prepare monthly and quarterly activity and financial reports, annual reports, case studies and success stories, and send them to Donor agency through Global Giving. • The project will have a separate advisory committee. It will meet once in three months, review the activities carried out and advise the project team to carry out innovative activities for the children. It will comprise of Health and development consultants, few beneficiaries, project staff, Project Director and important stakeholders. 	<p>Donor agency through Global Giving and Project Director</p>	<p>All through the year</p>

Sustainability:

The Project holding organization and community will be responsible for the sustainability of the project. Once the project gets over the organization will seek support from local funders or other donor agencies with similar objectives. Project can also be extended by the present donor based on the need and performance of the project.

Logical Framework Matrix (LFM)

Project Description (Narrative Summary)	Objectively Verifiable indicators	Monitoring Mechanism Means of Verification and Source of Verification-Information	Assumption
Goal: To contribute to reduced impact of the vulnerable situations on Street Children in Vellore.	<ul style="list-style-type: none"> The vulnerable street boys and girls empowered with integrated life coping skills, self reliance and self respect. Improved educational, vocational, health, social, nutritional, and socio-economic status of street children. 	<ul style="list-style-type: none"> Annual review reports Post-project evaluation 	<ul style="list-style-type: none"> The street boys and girls will participate in the efforts of the promotion of their educational, socio-economic, health and social status by government.
Project Purpose: improved performance in educational, vocational, health, and social aspects of street children in Vellore	<ul style="list-style-type: none"> School dropout rate reduced to 0 % from 25% Continuation of education by street children increased by 80%. At least 70 children aged between 16-21 are working and earning sufficient income for their 	<ul style="list-style-type: none"> Primary health centres' records Records of bank Records of social welfare board office. Records of social forums. Final report Schools records Business establishment firms records. 	<ul style="list-style-type: none"> The street children are dreaming of better life of increased choices of decision making

	<p>livelihood.</p> <ul style="list-style-type: none"> • Early health seeking behavior increased by 80% among the street children aged between 5-21. • Improved health status of street children aged between 5-21 by 80% • Engaging in social skill activities increased among the street children by 80%. 		
<p>Out Put:</p> <ol style="list-style-type: none"> 1. Alternative education given to street children. 2. The street boys and girls trained in vocational skill trades. 3. The street children given access to the health services & nutrition. 4. The street boys children strengthened in social skill activities and trained for social skills. 	<ul style="list-style-type: none"> • 75 drop out children realised the importance of education. • 75 children enrolled in schools • 135 primary and secondary children received education in special coaching classes. • 210 street children 	<p>Means</p> <ul style="list-style-type: none"> • Attendance • Salary register • Book of accounts • Mid-term evaluation records • Lesson note book • Photos • Activity Reports • Counselling service record • Training reports • Health education report • Stock distribution registers 	<p>The street boys and girls will participate in the programs conducted by other NGOs or Government.</p>

<p>5. The capacity of street children built in health and social activities</p>	<p>received uniforms and educational materials</p> <ul style="list-style-type: none"> • 40% of the children (210) children expressed their talents in the educational competitive programs • 45 boy children learnt the skills of electrical and plumbing trades. • 45 Girls children learnt the skills of apparel making and fashion technology. • 90 children who have undergone vocational trainings received colour dresses and education materials • At least 120 street children have received medical treatment for illness. • 80% of street children strengthened to handle prevention and control of 	<ul style="list-style-type: none"> • Monthly activity Report (MAR) • Monthly financial report (MFR) 	
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	<p>communicable and non communicable diseases.</p> <ul style="list-style-type: none"> • 80% of 300 children benefitted through 3 medical camps. • 80% of the entire children benefitted through 36 health education programs • 300 children received hygiene materials • 60% of the children came out with their talents in 12 talent exhibition programs • 80% of the street children are familiar with art therapy. • 60 children are familiar with musical theatre • 300 street children fed with nutritious food • Children capacities to handle health related issues through 6 		
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	<p>health training programs</p> <ul style="list-style-type: none"> Children social skill capacities strengthened through 6 socializing skill development programs 80 % of the children aged 16-21 are familiar with initiating own firms and finding appropriate jobs through 3 entrepreneurship development trainings. 80% of street children strengthened to deliver of duties and responsibilities for better society. 		
Activities: 1.1 Coaching Class 1.2 Reintegration of children into mainstream of school education.	Inputs a. Human Resources: <ul style="list-style-type: none"> Service of two Instructors 	Cost	<ul style="list-style-type: none"> The beneficiaries are longing for other programs. The stakeholders involved in the project activities

1.3 Provision of education Materials. 1.4 Educational Tour 1.5 Sports Day 2.1 Electrical and Plumbing Course 2.2 Apparel making and Fashion technology course 3.1 Counselling services 3.2 Health Education 3.3 Medical treatment to sick Children. 3.4 Vaccination 3.5 Health camps 3.6 Provision of hygiene Materials 3.7 Provision of food to the children 3.8 Provision of snacks to the children 4.1 Talent exhibition programs 4.2 Art therapy 4.3 Social exposure visits 4.4 Recreational programs 4.5 Music therapy 5.1 Training program on communicable and non communicable diseases 5.2 Training program on sex and sexuality	<ul style="list-style-type: none"> Services of Accountant cum administrative officer and project co-ordinator Services of two tutors External resource persons Service of external resource persons Services of project team Services of cook and helper <p>b. Material Resources:</p> <ul style="list-style-type: none"> Children and Youth care centre Three block boards Course materials Maintenance Machinery and Equipments Salaries Training 	<table border="1"> <thead> <tr> <th colspan="4">Budget</th></tr> <tr> <th>Particulars</th><th>1st yrs</th><th>2nd yrs</th><th>3rd yrs</th></tr> </thead> <tbody> <tr> <td>Educational Programs</td><td></td><td></td><td></td></tr> <tr> <td>Vocational Skill training</td><td></td><td></td><td></td></tr> <tr> <td>Health</td><td></td><td></td><td></td></tr> <tr> <td>Social Aspects</td><td></td><td></td><td></td></tr> <tr> <td>Capacity building Programs</td><td></td><td></td><td></td></tr> <tr> <td>Administration</td><td></td><td></td><td></td></tr> </tbody> </table>	Budget				Particulars	1 st yrs	2 nd yrs	3 rd yrs	Educational Programs				Vocational Skill training				Health				Social Aspects				Capacity building Programs				Administration				<p>establish effective working relationship with beneficiaries.</p> <p>Pre conditions:</p>
Budget																																			
Particulars	1 st yrs	2 nd yrs	3 rd yrs																																
Educational Programs																																			
Vocational Skill training																																			
Health																																			
Social Aspects																																			
Capacity building Programs																																			
Administration																																			

5.3 Training program on socializing skills	curriculums		• Adequate budget appropriations are made.
5.4 Training program on life coping skills	• Resource materials		• Procurement and recruitment procedures are effectively managed.
5.5 Training program on entrepreneurship skill development	• Audio visual aids		• Suitable staffs are available.
	• Recreation and sports materials		
	• materials		
	• Musical and art materials		
	• Utensils		

Project Budget

Sl. No.	Description of items	First Year 2015-16		Second Year 2016-17		Third Year 2017-18	
		In INR	In USD	In INR	In USD	In INR	In USD
A	Alternative Education						
1	Provision of education materials to children (Primary school Children (30 Nos. X Rs.250) (School Bags Secondary school Children (15 Nos. X Rs.350) Note books Vocational Training students (30 Nos. X Rs.350) Pen & Pencils School Dropouts (25 Nos. X Rs.250) Geometry boxes)	29500	492	32450	540	35695	595
2	Provision of uniforms and colour dresses (Nos.100 X Rs. 300 X 2 times)	60000	1000	66000	1100	72600	1210

	School Fees for the Street Children	37000	617	37000	617	37120	619
3	Educational Tour with 100 children	20000	333	22000	366	24200	403
4	Sports Equipments and prizes for winners of sports competitions	15000	250	16500	275	18150	302
B	Vocational Skill Development						
5	Industrial exposure visit for vocational skill training children	5000	83	5500	0	6405	106
C	Promotion of Health (Physical and Mental Health)						
6	Provision of medical treatment to sick children	15000	250	16500	275	18150	303
7	Resource persons charges for Health Education Programs X Rs.200) (12	2400	40	2640	44	2904	49
8	Medical Camps (3 Nos. X Rs. 5000)	15000	250	16500	275	18150	303
9	Provision of supplementary food and snacks to 100 Children every year	310000	5167	348591	5810	388000	6467
10	Provision of hygiene materials (100 Nos. X Rs. 70 X 12 months)	84000	1400	92400	1540	103360	1723
D	Social Skill Development						
11	Talent exhibition programs (4 Programs X Rs.1000)	4000	67	4400	73	4840	80
12	Social exposure visits to Govt. and Non-Govt. institutions (2 visits X Rs. 2000)	4000	67	4400	73	4840	80
13	Materials for Art therapy (pen, sketch pen, drawing papers, water paints, paint brushes)	5000	83	5500	92	6220	104
E	Capacity Building						
14	Training program on health aspects (2Nos.X Rs. 5000) (Resource Person charges, Resource materials, food, logistic arrangements, rental of projector, etc.)	10000	167	11000	183	12100	202
15	Training program on socializing skills and life skill education (2 Nos.X Rs. 5000) (Resource Person charges, Resource materials, food, logistic arrangements, rental of projector, etc.)	10000	167	11000	183	15690	261

16	Entrepreneurship development training (1No X Rs. 5000)	5000	83	5500	92	6110	102
F	Equipment, Furniture, & Instruments						
17	Kitchen utensils	25000	417	10000	167	5000	83
18	Gas Stove Connection (Deposit fee, Cylinder and stove)	25000	417		0	0	0
19	Musical Instruments (2 Guitar, 2 Thabela, and Key board)	25000	417	15000	250	15000	250
20	Electrical and Plumbing equipments	150000	2500	75000	1250	50000	833
21	Tailoring equipments	100000	1667	50000	833	40000	666
22	Computer and Printer for office	30000	500		0	0	0
23	Furniture for office and vocational training	25000	417	10000	167	0	0
G	Human Resource						
24	Salary to Project Co-ordinator (Rs. 7500 X 12 months)	90000	1500	99000	1650	108900	1815
25	Accountant cum Administrative Officer (1No. X Rs. 4000 X 12 months)	48000	800	52800	880	58080	968
26	Salary to Instructors (2 Nos. X Rs. 5000 X 12 months)	120000	2000	132000	2200	145200	2420
27	Salary to Tutors (2 Nos. X Rs. 3000 X 12 months)	72000	1200	79200	1320	87120	1452
28	Honorarium to Musical Instructor 1 No. X Rs. 2000 X 12 months)	24000	400	26400	440	29040	484
29	Salary to Cook (1No. X Rs. 3000 X 12 months)	36000	600	39600	660	43560	726
30	Salary to Helper (1No. X Rs. 2000 X 12 months)	24000	400	26400	440	29040	484
31	Honorarium to Visiting Counsellor 1 No. X Rs. 2000 X 12 months)	24000	400	26400	440	29040	484
32	Honorarium to Art Therapist 1 No. X Rs. 1000 X 12 months)	12000	200	13200	220	14820	247
H	Administration						
33	Printing & Stationary	10000	167	11000	183	12100	202
34	Telephone, postage and Internet connection	15000	250	16500	275	18150	302
35	Travelling Expenses	18000	300	19800	330	21780	363
36	Rent and Maintenance of building	60000	1000	66000	1100	72600	1210
37	Hospitality & Miscellaneous	5000	84	5500	92	6050	101

38	Monitoring & Evaluation	5000	84	5500	92	6050	101
39	Audit Fees	10000	167	11000	183	12100	202
40	Unforeseen Expenses	10000	167	11000	183	12100	202
41	Fuel for cooking (Rs. 3050 X 12 months)	36600	610	40200	670	44570	732
		169600		186500		205500	
42	Total Budget	1630500	27180	1539381	25612	1634834	27286
44	Amount requested from Donor agency	USD. 80078					
45	Rate of exchange: Rs.60 = USD-1						
Break ups for some items have been calculated only for the first year							

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5. Kacker L, Varadan S, Kumar P. Study on Child Abuse India 2007. Delhi: Ministry of Women and Child Development, Government of India; 2007.