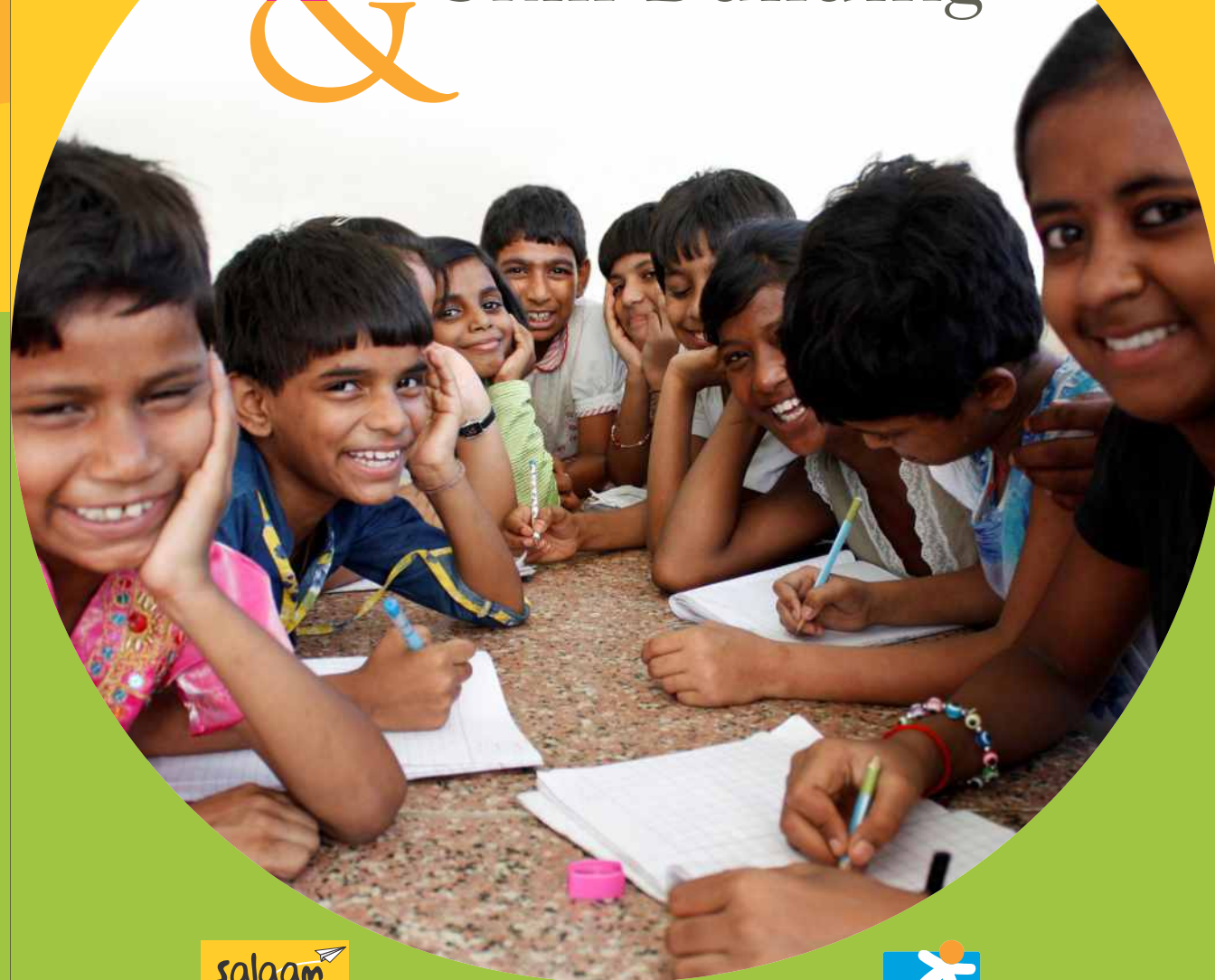


Mainstreaming Street Children through Inclusive Education & Skill Building



Design: Picture Street



2nd Floor, DDA Community Centre
Chandiwali Gali, Paharganj
New Delhi - 110055

T: 91-11-23586416
W: www.salaambaalaktrust.com
E: contact@salaambaalaktrust.org



Report by
Independent Thought | www.ithought.in



Azim Premji
Philanthropic
Initiatives



Contents

Acknowledgments

Executive Summary

1. Introduction

2. Background of the Project

3. Evaluation Methodology

3. Key Project Stakeholders and Activities

5. Key Findings of the Assessment

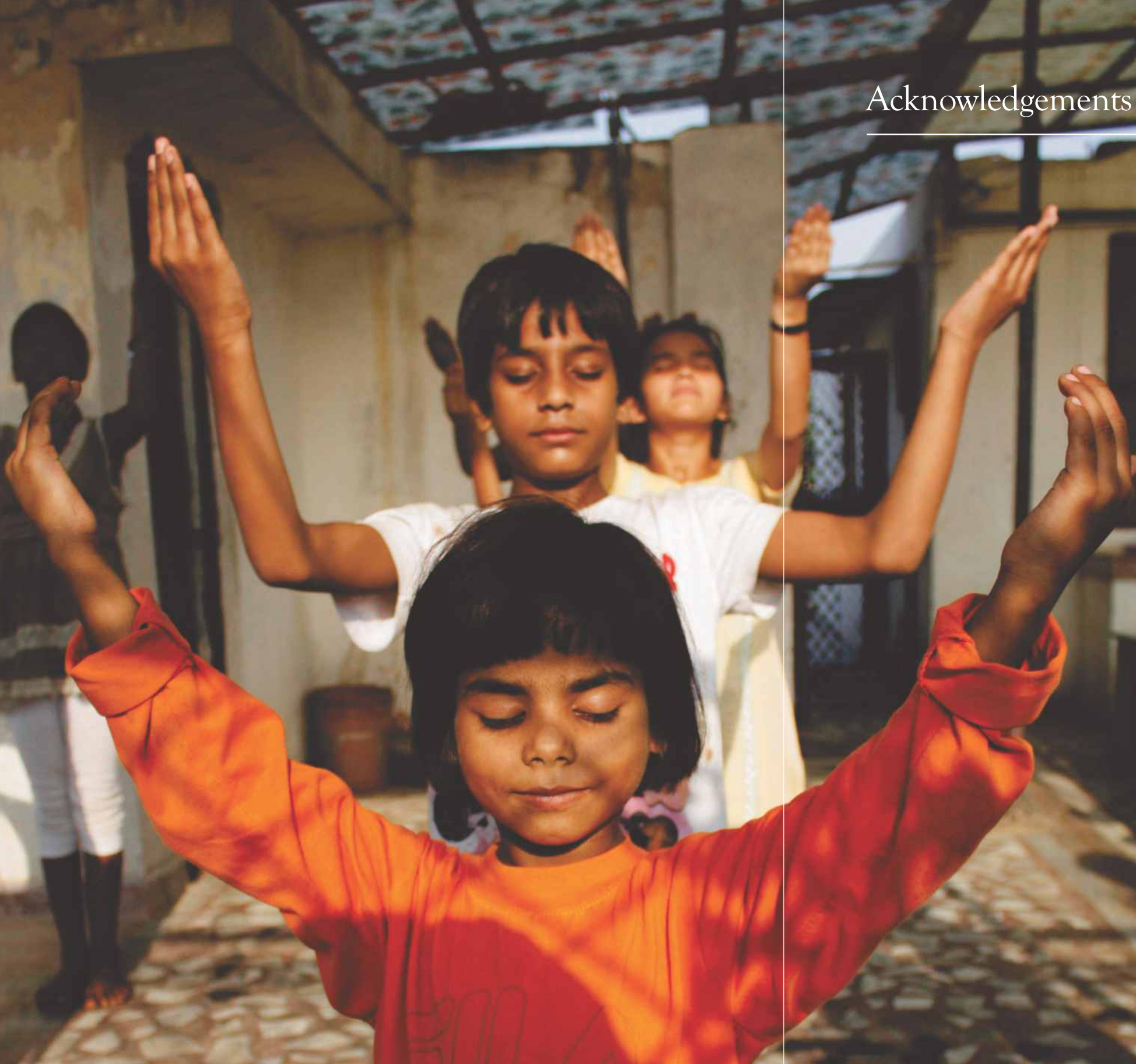
6. Effective practices

7. Challenges

8. Case studies

9. Conclusion and Recommendations

Annexure



Acknowledgements

The successful completion of this impact assessment report is credited to children of Salaam Baalak Trust, service providers and other stakeholders who candidly shared their thoughts and experiences about the Project “Mainstreaming Street Children through Inclusive Education and Skill Building”. I extend my sincere gratitude to all of them.

I would also like to thank the team of the Salaam Baalak Trust (SBT), who are putting significant efforts towards care and protection of children living on streets and without their support the study would have not been possible. The support of Parvati C Patni, Executive Director, and AK Tiwari and PN Mishra, Executive Council was critical in undertaking the whole exercise. The support of Parul, Coordinator, APPI Project was indispensable.

I extend my thanks to the Team of Independent Thought especially Rebecca, Afsana and Nidhi during field visits and for providing support in preparation of the document.

The report is an attempt to bring out the impact of the Project in creating/strengthening child-friendly systems to address vulnerabilities of street children in metro cities. The report also aims at generating credible evidence to demonstrate the impact of such successful projects, their replication and scale-up.

Vikram Srivastava

Founder, Independent Thought



Executive Summary

This report documents and analyses the impact of the project 'Mainstreaming Street Children through Inclusive Education and Skill Building' implemented by Salaam Baalak Trust (SBT) and funded by Azim Premji Philanthropic Initiatives (APPI). The project was implemented from July 2015 to June 2018 with the objective of providing inclusive education and skill building opportunities along with the wider ambit of care and protection services to 600 street children (institutionalise and/or living with families on the streets) in New Delhi and NCR.

Through in-depth interviews and focused group discussions (FGDs), this impact assessment has covered the following respondent pool across 12 centres¹ managed by SBT.

- staff members via key informant interviews
- direct beneficiaries via FGDs
- stakeholder such as duty bearers and community member via key informant interviews

The USP of the project lies in its holistic approach i.e. while the key focus of the project was education and skill building, it also brought other important aspects of wellbeing such as food, medical, mental health and exposure visits within its rubric. In addition, its three pronged approach, it pans out deliverables to a) reduce vulnerability of street children and bring out positive behavioural change by empowering them with individual strength and socialization skills b) develop resilience capacity and strengthen skills of persons working directly with children c) develop with a long term vision of engaging duty bearers and other stakeholders into accountable.

Key findings are enlisted below.

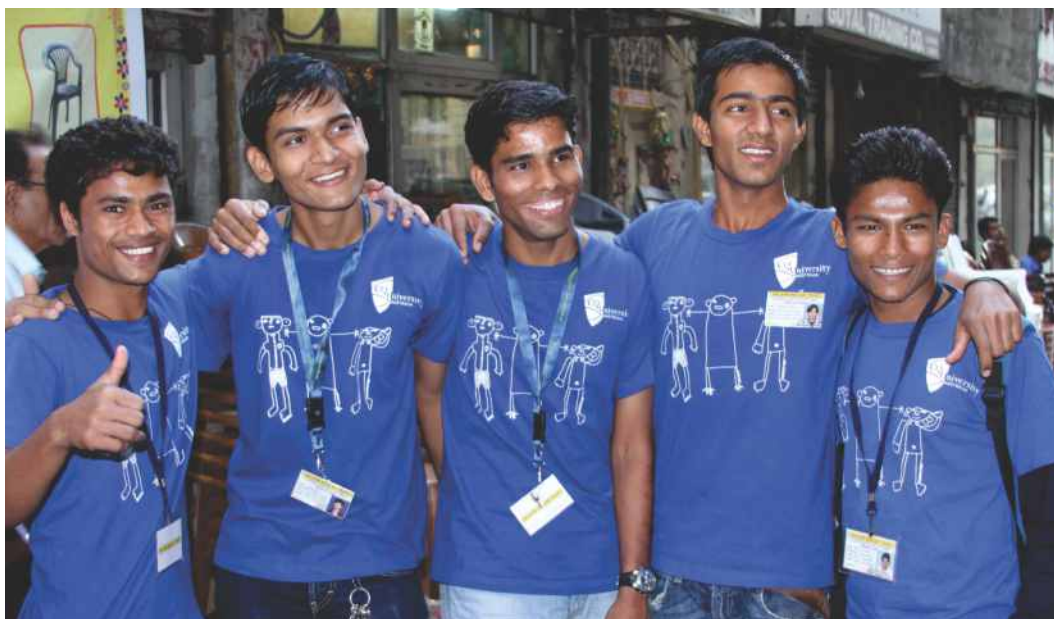
- Over a period of three years, there has been a significant increase in number of children receiving care and protection services. A total of 4765 children were reached through outreach programme of the project.
- 898 children have been empowered with access to formal school education. All the children are under institutional care and protection at various residential programmes of SBT.
- 2382 children were introduced to education through Non Formal Education curriculum across the contact points as well as residential programmes.
- Improved nutritional status of 750 children through provision of three hot-cooked meals at SBT homes, one hot-cooked meal at contact points. Each meal is planned as diet chart guidelines under Juvenile Justice Act.
- Improved emotional and psychological wellbeing of 1370 children. With support of trained psychologists, key mental health interventions were conducted through regular mental health counselling –first contact interviews, individual therapy, referral counselling, and group sessions.
- Improved medical status of 1602 children through regular tracking this was facilitated via monthly health check-ups by in-house doctors at homes and contact points.
- 93 children were empowered to start a life of dignity with de-addiction support and after care.
- 697 career counselling session to cover all children reaching adulthood within the project span.

¹6 residential programmes - Apna Ghar Open Shelter for boys, Aasra Children Home for boys, ODRS Open Shelter for boys, DMRC Children Home for boys, Udaan Children Home for girls, and Aarushi Children Home for girls. 6 Contact Points - GRP Contact Point, Kisalaya Contact Point, Parvaaz Contact Point, Prerna Contact Point, Parivartan Contact Point, Pragati Contact Point.

- Individual Care Plan for 443 institutionalized children was maintained.
- 495 children benefitted from the vocational training and skill development programmes.
- 132 monthly meetings were conducted with stakeholders coming in contact with street children. 13 area watchdogs were created through individual and group sessions with community stakeholders coming in contact with street children.
- 4 District-level Bi-Annual Consultation and 2 State level consultations were conducted to increase sensitization of duty bearers and state representatives towards issues of street children. These meetings also aimed at improving synergy between government and civil society members on their role to protect street children.
- The increased liaison efforts through discussion meetings enabled a reduction in school dropout.
- 312 volunteers from across the globe dedicated their time to add value to SBT's work and vision.
- Exposure visit (local and outstation), extensive training workshops for the SBT staff members has helped to strengthen capacity of the team and consequently improved quality of service deliverability.

This report also encapsulates the dimensions of change affected at various levels in the lives of street children. Towards this end, it highlights the tangible positive threads of transformation achieved via an equitable development perspective. Analyses of the dimensions of change reflect the value impact of a holistic concept where economic, social and environmental issues are interdependent dimensions, approached within a unified framework. The child in her/himself is very adaptable to change but support from sensitized external systems acts as a catalyst to galvanize faster and more effective transformation.

At the end, the report submits humble recommendations which have evolved from lessons learned. It highlights knowledge gaps that need to be filled in order to further strengthen policy responses. The critical need of policy makers and child rights vanguard to simultaneously work on a preventive mode while strengthening the curative services is echoed. This is primarily as once a child has lived on the streets, many a times, the damaged done to fragile mind and body is irreplaceable.



1. Introduction

This report demonstrates the impact of a three year Project “Mainstreaming Street Children through Inclusive Education and Skill Building” (2015-2018) of Salaam Baalak Trust supported by Azim Premji Philanthropic Initiatives.

Street children have been identified as one of the most vulnerable groups of children by various national and international agencies. United Nations International Children's Emergency Fund (UNICEF) has defined street children by distinguishing between 'children of the street' and 'children on the street'. Homeless children who live and sleep on the streets in predominantly urban areas, living with other street-connected children and young people or homeless adults are called children on the street. While those children who earn their living or beg for money on the street and may return home at night and maintain contact with their families are called children on the street. These definitions also include children who are stateless or migrating, with or without their families. They are totally on their own, living with other street children or homeless adult street people. Children living on streets most often lack parental, emotional and psychological support and are exposed to multiple child labour, violence and abuse. To protect these children and ensure their rights to survival, education and health, services are needed to rescue them from street situations and provide them a caring and nurturing environment.

In the last three decades, emotive concern has been expressed to protect rights of children in difficult circumstances including children living on streets. Poverty has been identified as one of the major factors pushing children on streets. Apart from this, abuse and violence at home or school, lack of rural employment opportunities, landlessness, river erosion, natural disasters, family disintegration and conflicts and attraction to cities as sites of opulence also bring children on streets. In the hope of a better life and future, numerous children leave their homes and come to cities every year. These children live invisible lives in urban spaces and can be found at railway stations, near religious sites, markets, under bridges etc.



Policy makers and programme implementers have viewed street children as lacking primary socialisation and modelling framework of the family that is thought to foster healthy growth and development. Existing research has also established that life on street exposes children to various risks such as substance abuse, physical and sexual violence, forced labour and exploitation, involvement in criminal activities, and conflict with police and/or other adult groups etc. In the absence of any source of income and livelihood many children eke out a living through illegal activities such as begging, selling drugs, petty theft and robbery. All these factors act as detriments to children's growth and development.

The magnitude of children living on streets also needs attention. According to UNICEF, the number of street connected children and young people worldwide has been estimated at a staggering 100 million although the exact numbers are unknown. Delhi, the capital of India is home to thousands of street children. A Save the Children study 'Surviving the Streets' conducted in nine districts of Delhi in 2010, pegged the total number of street children in Delhi at 51,000 and of these 20% were girls. The Study further revealed that more than 50% of these children were illiterate, 87% earned a living through rag picking, begging, street vendors, and over 50% of them suffered verbal, physical and sexual abuse. The Study established that working street children were most vulnerable to exploitation and abuse. A Time of India news report of 2018 noted, one in every three street children in Delhi indulged in substance abuse, including tobacco, alcohol and cannabis. Another study conducted by AIIMS with street children between the ages of 7 to 10 years found that street children consumed drugs under peer pressure, out of curiosity, to experience a high or to deal with various stresses and difficulties of life and to brave the harsh weather or battle hunger.

These and various other studies describe the challenging living conditions of street children in metropolitan cities. However, few attempts have been made to explore that despite these deficits and risks many street children show exemplary resilience and when provided adequate opportunities these children grow up to become capable individuals. Thus, there is a need for interventions designed to provide street children a caring and nurturing environment and opportunities to grow and develop. Towards this end, SBT with the support of Azim Premji Foundation initiated the Project "Mainstreaming Street Children through Inclusive Education and Skill Building". The project aimed at:

- Providing care and protection to 600 street children (institutionalised and/or living with families on the streets) in New Delhi and NCR by linking them to inclusive education, health, nutrition and skill development
- Improve community awareness about issues of street children
- Fostering dialogue between civil society and duty bearers on their role in protecting street children.

Salaam Baalak Trust

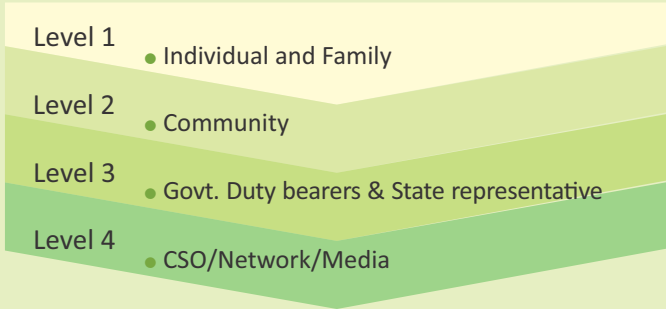
Salaam Baalak Trust (SBT) is a child rights organisation. It has been working to provide a sensitive and caring environment to street and working children in Delhi and NCR over the last 30 years. So far SBT has reached out 10,000 children every year through 7 residential homes, 13 contact points and 3 district child lines.

The present report captures the impact the Project has had on children rescued from streets. It also presents the key lessons learnt, achievements and challenges faced during the project implementation. The report further includes a set of recommendations for developing programmes and strategies aimed at promoting, protecting and fulfilling the rights of street children.

2. Background of the Project

The project titled "Mainstream street children through inclusive education and skill building" was initiated by SBT with the support of Azim Premji Philanthropic initiatives (APPI) in 2015. The three year project would come to an end in mid-2018. The aim of the project was to provide care and protection to 600 street children (institutionalised and/or living with families on the streets) in New Delhi and NCR through provision of inclusive education, health, nutrition and skill development by 2018.

Figure 1: Key Project Stakeholders



In order to achieve this overarching goal, following strategic objectives were envisioned:

- To improved access to education, health, nutrition and skill development of street children
- To increase the awareness on care and protection of street children among the stakeholders who come in direct contact with street children
- To increase sensitisation of duty bearers and state representatives towards the issues of street children
- To improve the dialogue and collaboration between government and civil society members on their role to protect street children
- To increase the resource mobilisation though networking with volunteers



The project has been implemented in six residential homes of children and six contact points run by Salaam Baalak Trust (SBT). These residential homes provide care and protection to children rescued from streets. The teams at residential homes further make efforts to restore runaway children to their families. These children are repatriated not only within the country but across the border to Nepal and Bangladesh. During stay at homes (long or short term), an effort is made to provide an enabling environment to children to help them realize their potential to the fullest.

At the contact points the focus is on identifying children living alone or with families on the streets of Delhi and linking them to child care institutions. The contact points serve as places of security, warmth and sensitivity for children. Unlike residential homes, at contact points children come for few hours and avail various services such as food, medical aid, counselling, and fun learning activities. Contact points help children understand the importance of education and a healthy and secure environment.

Name of Centre	Home/Contact Point	Location	Established in
Aasra home for boys	Home	Paharganj	1992
Arushi home for girls	Home	Gurgaon	1999
Udaan Rose home for Girls	Home	Kamla Nagar	2010
DMRC home for boys	Home	Tiz Hazari	2010
Apna Ghar open shelter for boys	Home	Paharganj	2000
ODRS open shelter for boys	Home	Mori Gate	2013
GRP	Contact Point	NDLS	1988
Parivartan	Contact Point	Yamuna Bazaar	2015
Parvaaz	Contact Point	Jama Masjid	2015
Prerna	Contact Point	Kishan Ganj	2015
Pragati	Contact point	Mansarovar Park	2015
Kishalaya	Contact Point	Connaught Place	1996



3. Evaluation Methodology

3.1 Scope of the study

Keeping the vision of project in mind, this study aims understanding the impact of the project vis-à-vis probing the following.

- The geographical range of the project over the time line.
- The extent to which the Trust has been able to maintain its focus in reaching out and prioritizing needs of most vulnerable and deprived group of children.
- Relevance of the project in context of child rights and street children.
- Cumulative learning curve of the project.
- Analysis of project's its targets and indicators vs. delivered outputs.
- Strategies used to overcome implementing bottle necks.
- Dimensions of change affected at implementation level.

3.2 Tools and Methodology

This study aims at understanding the impact of the project (on two and half year activities i.e. from July 2015 to December 2017²), from a qualitative as well as quantitative perspective. Before commencing the study, the team conducted an orientation meeting with core team at SBT. Over a period of two months, the I-Thought team carried out a) intensive literature review, b) extensive in-depth interviews and c) participatory focus group discussions. All interviews and FGDs were conducted on-site.

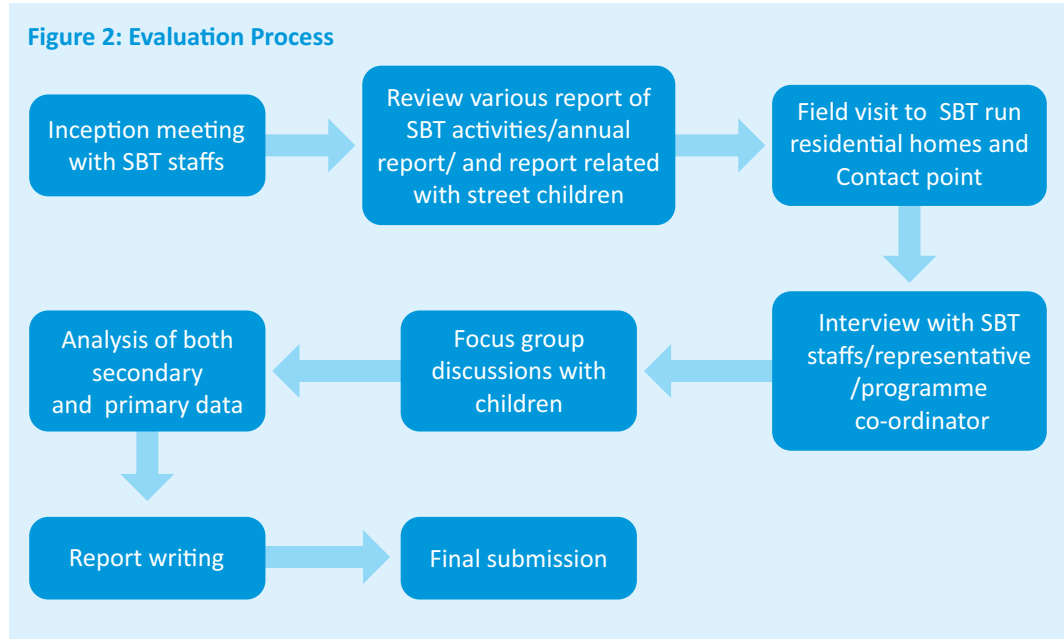
- A) Intensive literature review: The team conducted rigorous review of the project proposal, activities based bi-annual and annual reports of the project, the annual reports of SBT, and other key documentations published by the Trust. International and national journals were also reviewed to contextualize the issue. Apart from this, the team also studied the following.
1. Profile of children³
 2. Varied skill development reports
 3. Routine at the centres
 4. Data documentation and management
 5. Kinds of Registers / reports / frequency
 6. Team Structure
 7. Partnerships with Stakeholders – including CSO / Government agencies
- B) Extensive in-depth interviews: Structured formats were developed, tested and then used to interview beneficiary pool, direct service provider i.e. SBT staff, and key stakeholders. Purposive sampling was used to ensure cross verification of information and in-depth knowledge gathering. Observation was also used to add to better understanding. All the information was triangulated to ensure validation of results and meaningful conclusions.

²The project cycle was from July to June
³Child protection policy upholding principle of confidentiality was maintained.

C) Participatory focus group discussions: 12 FGDs were carried out with children. In each group not more than 12 children were taken. Random sampling was used to ensure authenticity and variety of experience sharing. Further as the participants were children, the participatory approach was used. The team also carried out SWOT analysis with SBT team.

3.3 Data Analysis and Documentation

Data collected was quantified and analysed using thematic framework. Report was prepared keeping the overall programme in mind.



4. Key Project Stakeholders and Activities

The study team visited 12 centres of SBT covered under the project during March-April 2018. The team conducted detailed interviews with centre co-ordinator/In-charge, social worker, teachers, welfare officer, counsellor, store in-charge, mental health programme coordinator, accountant and psychologists to explore and gather information on project components and activities.

Following sections elaborate upon key project stakeholders and activities.

4.1 Service Providers

During the study, details on service providers responsible for implementing the project in each of the SBT centres were captured. (See Table Below) This information helped in understanding the project staff structure and their roles and responsibilities.

Centre	Number of Staff Members	Designation
Aasra home for boys	16	1 superintendent, 1 probation officer, 2 social workers, 3 Teacher, 3 care takers, 1 counsellor, 3 night supervisors, 1 driver, 1 cleaner
Arushi home for girls	15	1 coordinator, 1 welfare officer, 1 education in-charge, 1 counsellor, 1 store manager, 1 medical social worker, 1 teacher, 2 social workers, 3 night supervisors, 1 tutor, 1 sweeper, 1 driver
Udaan Rose home for Girls	21	1 coordinator, 2 academic skill officer, 1 psychologist, 1 physician, 2 welfare officer, 4 social workers, 1 housekeeping staff, 1 teacher cum vocational training in-charge, 1 store in-charge, 4 night supervisors, 1 driver, 1 kickboxing coach, 1 career counsellor
DMRC home for boys	45	1 coordinator, 1 education coordinator, 2 welfare officers, 1 librarian, 10 teachers, 2 medical social workers, 6 social workers, 6 night supervisors, 4 caretakers, , 1 accountant, 5 counsellors, 2 drivers, 2 sweeper, 1 kitchen in-charge
Apna Ghar open shelter for boys	9	1 teacher,1 welfare officer, 3 social worker, 2 night supervisors, 1 coordinator, 1 medical social worker
ODRS open shelter for boys	14	1 coordinator, 1 welfare officer, 1 counselor, 4 social worker, 2 outreach worker, 2 teacher, 1 helper, 1 cook, 1 medical officer
GRP contact point	5	1 coordinator, 1 Teacher, 3 social workers
Parivartan contact point	2	1 in-charge, 1 social worker
Parvaaz contact point	2	1 in-charge, 1 social worker
Prerna contact point	2	1 in-charge, 1 social worker
Pragati contact point	2	1 social worker, 1 teacher
Kishalaya contact point	1	1 coordinator, 1 volunteer

As per the provisions of the Juvenile Justice Act, 2015, every child care institution should have, a superintendent (person-in-charge); accountant/store keeper; probation officer/case worker/ child welfare officer; mental health team counsellor – psychologist; educator - academics and sports, P.T./yoga; vocational training instructors; helper, cook, house keeper, security guards, safai karamchari. These duty bearers may be full time or part time and may vary in numbers depending on number of children residing in the institution.

A total of 120 staff members are working at six residential homes of SBT while 14 people are posted at six contact points. The staff structure in different centres of SBT is in consonance with the provisions of the Act. Given the strength of children, all SBT residential homes have required professional staff. These staff members have substantial and relevant experience of working in and managing children's homes. They have been properly trained and inducted on the provisions of Juvenile Justice Act and SBT's organisational culture and ethos.

While recruitment of the staff, SBT focused on academic qualifications and work experience along with certain desirable attributes which range from a caring and sensitive attitude, a commitment and passion for the job, emotional maturity, intelligence and resilience and core knowledge and practice skills, that are required for working with children rescued from difficult circumstances. Post the recruitment, both orientation and refreshing trainings were carried out to capacitate staff members in effectively reaching out to street children and ensure adequate implementation of project activities and interventions.

At different residential homes staff strength varies depending on number of children and nature of work. For instance DMRC home caters to more than 150 children, thus have a large team of 45 staff members in comparison to other centres of SBT. The staff comprises of teachers and instructors for drama, karate, drum, dance, computer, sports. Unlike other homes, Udaan and DMRC have dedicated career counsellors.

Apna Ghar has a small staff strength of nine but it caters to around 40-50 children. Therefore, there is a need to recruit more staff members at the centre such as medical officer and outreach worker. The staff strength in other centres is adequate.

Each contact point of SBT is functioning with the support of two staff member viz., a centre in-charge and a social worker. GRP the first and oldest contact point of SBT has the largest staff strength of five including coordinator, teacher and three social workers. Adequate number of staff members are present at all other contact points except for Kishalaya where there is need to recruit one professional social worker. As of now there is only one co-ordinator and one volunteer working at the contact point.



4.2 Target Group – the street children

This section provides a peek into the lives of children rescued from streets and difficult circumstances and enrolled in SBT centres.

Centre	No. of children	Age Group	Background
Aasra home for boys	25	6- 16 years	Missing and runaway. Seven children have psychological disabilities.
Arushi home for girls	64	6-18 years	Most of the girls staying in the home are orphan, victims of trafficking, sexual abuse
Udaan Rose home for Girls	85	5- 18 years	Missing, runaway, child labour, victims of trafficking
DMRC home for boys	139	8- 18 years	Missing, runaway, child labour, drug addicts, orphan
Apna Ghar open shelter for boys	54	5-18 years	Runaway and drug addict children
ODRS open shelter for boys	37	5-18 years	Runaway and missing children
GRP contact point	-	6- 18 years	Rag-pickers, Run away and missing children
Parivartan contact point		5-18 years	Rag-pickers and drug addict children
Parvaaz contact point	45	5- 14 years	Beggar and street children
Prerna contact point	40	6-14 years	Children whose parents are casual labourers and rickshaw pullers
Pragati contact point	50	7-18 years	Mostly children are involved in begging and parents work as street vendors, rag-pickers and beggars
Kishalaya contact point	45	5- 17 years	Street children whose parents beggars and drug addicts



The project aimed at care and protection of street children. Street children is a broad term encompassing missing and runaway children, or those involved in begging, rag-picking, substance abuse, victims of sexual abuse and trafficking, orphans and child labourer. They are called street children as they spend a substantial part of their day in street situations. Many of these children live on the streets on their own. While there are others, whose families are involved in begging, rag picking, rickshaw pulling or street vending. They live in abject poverty and struggle for everyday survival. Toiling hard many parents and care givers' sole priority remains to be able to get two square meals a day. Thus, children are not enrolled in schools and many of them support their parents in earning a living.

Owing to difficult living and working conditions, adults living on streets often consume drugs and alcohol. Their addiction has both social and economic implications as they spend their hard earned money on drugs and in an intoxicated condition they often ill-treat children. Consequently, children are not only exposed to substance abuse but also domestic and familial violence. Further such adults set wrong examples and act as negative role models for children. At an impressionable age, these children face so much hostility within their families and on the streets that they resort also to substance abuse, criminal and anti-social activities. To address these multifaceted risks and vulnerabilities of street children, SBT runs its contact points and residential homes. Each of the SBT centre caters to specific needs of children rescued from streets.

For instance **Aasra** – one of the oldest residential homes of SBT caters to boys of 6-16 years who are rescued from the streets and difficult circumstances. Currently the home provides shelter to 25 boys, of these eight are children with special needs and two are school going.

Likewise **DMRC home** houses 139 children from the age group of 8-18 years. The home provides long-term stay to children rescued from streets. Some of these boys are from Delhi while others hail from other states as well. Of the 139 children, 60 are school going, 13 are attending vocational training and skill development programme.

Apna Ghar home is an open shelter where children living on streets can drop in for short stay. It has a capacity of around 45 children but presently 54 children are residing at the home. Of these, maximum children are staying for a short term while nine children are have been enrolled for long term stay. All these children have been produced before Child Welfare Committee (CWC). Only three of the boys are from Delhi while others are from different parts of the country. **ODRS home** also provides shelter to 37 boys who have been enrolled for short stay.

Arushi and Udaan-Rose home provide shelter to girls rescued from streets. These centres were established in response to accentuated risks girls face on streets. A number of girls residing in these homes have been victims of sexual abuse and violence, forced labour and exploitation. These homes serve as safe and secures spaces of long-term and short-term stay for girls. Arushi home for girls provides shelter to 64 girls most of these are in between the age group of 6 – 18 years. 20 of them are from Gurgaon, 2 from NCR and 42 are from other states. Five girls (15-18 years) are obtaining vocational training and 2 girls are attending skill development programme. Similarly, in Udaan home a total 85 girls are staying. These girls are in age group of 5-18 years. Of the 85 girls, 50 have been enrolled for long-term stay. Most of these girls have been linked to mainstream education, vocational training and skill development.

The contact points are responsible for identification of vulnerable street children and establish contacts with them to link them to child care institutions.

GRP contact point located near New Delhi railway station was the first centre of SBT it work with run away and missing children. It acts a day care centre for street children. Most of the children visiting the contact point are not original inhabitants of Delhi. These children move to different parts of country in search of work specifically during summers.

At **Parvaaz contact point** 45 children in the age group of 5 – 14 years have been enrolled. Of these 34 are girls and 10 are boys. Most of these children hail from extremely poor backgrounds and had little or no access to education.

The **Prerna contact point** caters to a total of 40 children (6-14 years) of daily wage labourer and rickshaw puller are availing the SBT services. Among these 20 are girls and 20 are boys, 22 are school going children, eight are school drop-out and one is attending a vocational training.

50 children in between the age group of 7 to 18 years are obtaining services from **Pragati contact point**. Among which 35 are girls and 15 are boys. Most of the children are involved in begging. These children are staying in nearby slums areas and parents are involved in small business and street vending jobs.

Kishalaya contact point is providing day care service to around 45 children at present whose parents are mostly into begging. There is high prevalence of substance abuse in this community. The age group of these children are 5 to 17 years. Among the total children, 60 % are girls.



4.3 A Snapshot of Activities at Residential Homes

Residential homes apart from offering a safe space to child, also introduces children to a set pattern of life. At all residential homes a fixed routine is followed to inculcate a sense of discipline and time management among children. The various activities at the residential homes are conducted as per this set routine. (See Table Below)

Name	Awake	Breakfast	School	Lunch	Study	Dinner	Bedtime
Aasra	6:00 am	7:00 am	7:45 am	1:30 pm	3:00 pm – 5:00 pm	8:00 pm	10:00 pm
Arushi	5:30 am	7:00 am	7:45 am	1:30 pm – 2:30 pm	3:00 pm – 5: 00 pm	8:00 pm	10:00 pm
Udaan	6:00 am	7:25 am	7:45 am	2:40 pm	6: 00 pm – 7:00 pm	8:30 pm	10:00 pm
DMRC	6:00 am	6:30 – 7:30 am	11:00 am - 12:30 pm	1:00 pm – 3:00 pm	3:00 pm – 5:00 pm	8:00 pm	10:30 pm
Apna Ghar	6:00 am	7:30 am	7:45 am	2:30 pm	3:00 pm	8:00 pm	9:30 pm
ODRS	6:00 am	7:30 am	-	1:00 pm	3:00 pm – 5:30 pm	8:30 pm	10:00 pm

The activities at residential homes comprise a mix of study, play and other activities. These activities are conducted as per the juvenile justice provisions in child friendly and welcoming manner. As per the Juvenile Justice Act every child care institution is mandated to have a daily routine for children developed in consultation with the Children's Committees, which should be prominently displayed at various places within the institution.

The norms also prescribes that person-in-charge needs to ensure that daily routine is followed and the following services are provided to children:-

- Meals
 - Education (including co-curricular activities art, craft, sports, reading, music)
 - Physical exercise / yoga
 - Vocational training
 - Toilet/Bath/laundry/personal care
 - Rest
 - Spiritual/thought formation/life skills
- Recreation (reading, movies, music)
 - Free time
 - Free play
 - Moral education
 - Group activities
 - Prayer and community singing and
 - Special programmes for Sundays and holidays and national holidays, festive days, birthday

All the SBT run residential homes follow a set daily routine, wherein the day starts at 5:30 am to 6:00 am in morning. In all the homes wake up time for children is similar, though the bedtime differs. At Apna Ghar children go to bed by 9:30 pm whereas others children at 10:00 pm. At residential homes, the after getting ready, the day starts from Morning Prayer. The school going children after having breakfast leave for school and those who are not enrolled in school have their classes at home from 10 am to 1:00 pm. During this time they learn computers also. Similarly school going children get chance to learn computer in the afternoon.

Evening snack is provided around at 5:30 pm. Children are also engaged in cleaning their own premises. Post this children enjoy leisure time by watching television and reading newspaper. This daily routine helps to bring comfort and consistency to children's life. An organised and predictable environment at residential homes helps children to feel safe, secure and looked after. The activities at residential home also foster 'we' feeling and group sentiment. For example, play time, evening snack time and watching television are activities where children do together. Routines also help children to develop healthy habits such as to waking up early, freshening up, doing exercise or going to bed early. Daily routine helps to set children's body clock which is good for their health.

The coordinator and centre staff ensure that the children are engaged in constructive activities, during the day the staff members closely interact with the children. The children are also counselled by the psychologist and career counsellor regularly.



4.4 Snapshot of Activities at Contact Points

Contact points offer a comprehensive package of services to street children. The activities a contact points also encourage following a routine. The contact points start their activities around at 10 am. Before starting these activities, the contact point teams conduct outreach programme for an hour to identify and mobilise vulnerable children. Non-formal education classes are offered from 10 am to 1 pm followed by recreational activities, particularly for children who are not enrolled in schools. During the afternoon session, they provide educational support is provided to children who go to school. (See Table Below) GRP contact point operates from 10:00 am to 2:00 pm. Study sessions, activity classes and hot cooked meals are provided at the contact point. Other contact points also function on similar lines.

Contact Point	Timings	Morning Activity/Study	Lunch	Afternoon activity/study
GRP	10:00 am to 2:00 pm	10:00 am – 12:00 pm	1:00 pm	----
Parivartan	10:00 am to 5:00 pm	10:00 am – 1:00 pm	1:00 pm	2:00pm – 5:00 pm
Parvaaz	10:00 am to 5:00 pm	10:30 am – 1:00 pm	1:00 pm	2:00pm – 5:00 pm
Prerna	10:00 am to 5:00 pm	11:30 am – 1:00 pm	1:00 pm	2:30 pm – 4:00 pm
Pragati	10:00 am to 4:30 pm	10:30 am – 12:00 pm	1:00 pm	3:00 pm – 4:30 pm
Kishalaya	10:00 am to 4:30 pm	10:00 am – 1:00 pm	1:00 pm	2:00 pm - 4:30 pm



4.6 Documents and Registers

To track the progress of activities at different centres, teams maintain means of verification including registers and records. This facilitated concurrent monitoring and evaluation of the project. The centres maintain following registers and documents for records:

- a. Registration Register

b. Children and staff attendance register

c. Food register

d. Stock register

e. Volunteers register

f. Visitors register

g. Children movement

h. Medical register
- i. Education files and register

j. Issue register

k. Diet chart and register

l. Checklist of centre cleaning

m. Restoration register

n. Vocational training and NFE register

o. Feedback register

p. counselling report

Both homes and contact points maintain various records and documents essential to map the project progress efficiently. During the study it is found that out of 12 centres, only six are maintaining the registration register. These homes/centres are Arushi home for girls, Aasra Home for boys, DMRC, ODRS, Udaan home for girls and Parvaaz contact point. This registration register contain all the information from date of arrival to home, basic background information of child, type of case, photograph of child and remarks. Children attendance of vocational training and non-formal education are also maintained at Arushi, DMRC, ODRS, Parvaaz and Udaan. SBT has maintained its very own vocational training directory which has detailed information about the host institution. Children education register consists of education assessment, school attendance, education files, children education committee meetings reports, teacher meeting report, school absent report, NFE kits and study materials records.

Diet registers comprise full report on food provided to children during breakfast, lunch and dinner. Some centres have maintained separate register for food stock also. Children and staffs attendance registers are also maintained regularly. Along with these at homes, children and staff movement register are also kept. For the staff, day and night shift attendance is recorded separately. Medical register is also one of the important documents. All the homes maintain medical register containing detailed information about first aid, medical investigation of children, special Nutrition diet for specific children, referral services and in house check up report. Counselling register is maintained to capture details of children who have undergone group and individual counselling. This counselling register documents the case history children, number of sessions being taken up, treatment plan, and current status of child's health. If necessary, counsellor also provide a counselling report along with some recommendations. This report is also filed properly. Volunteers are contributing in implementation of the project, but only Arushi and Aasra homes maintain volunteer registers which consist volunteers' remarks also. These remarks have been beneficial in improving the services of the programme.

5. Key Findings of the Assessment

The key findings of the assessment present quantitative and qualitative impact of the project. Major quantitative findings dwell upon the project achievements against the envisioned targets. The qualitative findings of the project have been crystallised based on the dimensions of change framework as follows.

5.1 Quantitative Findings

The important quantitative findings of the project have been depicted in the table below.

S. No	Planned Activities	Target	Actual (Feb 2018)
1	Holistic development of street children through Improved access to quality education, health, nutrition and skill development; Increased coverage of street children through outreach		
1.1	Enrolment of children under formal schooling and supplementary academic support in SBT centres (3 shelter homes for boys, 2 shelter homes for girls)	600	1128
1.2	Enrolment of children under non formal education and schooling along with supplementary learning support in SBT centres (1 shelter homes for boys, 6 contact point)	600	2152
1.3	Provision of three hot-cooked meals at SBT homes, one hot-cooked meals at contact points, as per Juvenile Justice Act diet chart	600	3280
1.4	Regular mental health counseling sessions with mental health counselors (psychologists)	600	1985
1.5	Monthly health checkups by in-house doctors at homes and contact points; providing necessary medical assistance in cases of diseases and injuries; providing necessary de-addiction support and after care services	600	3879
1.6	Quarterly Health camps to provide support to street children and street families	12	12
1.7	Regular (monthly) sessions with career counselor with children above 16 years	600	697
1.8	Create/maintain Individual Care Plans for children for long stay at homes	200	443
1.9	Enrolment in vocational courses and skill development courses with regular follow-up and progress assessment to minimize drop-outs	450	495
1.10	Creating new spaces as contact points to increase outreach	5	5

S. No	Planned Activities	Target	Actual (Feb 2018)
2	Increased awareness on care and protection of street children among stakeholders coming in contact with street children (street families, parents, vendors, shop keepers, coolies, rly staff, pressure groups); Positive behaviour change among stakeholders towards street children especially girls on streets		
2.1	Monthly meetings with stakeholders coming in contact with street children (street families, parents, vendors, shop keepers, coolies, rly staff, pressure groups) to sensitise them on care and protection of street children in both Contact Points and Shelter homes	240	200
2.2	Creation of area watch dogs through individual and group sessions with community stakeholders coming in contact with street children	18	13
3	Increased sensitization of duty bearers and state representatives towards issues of street children; Improved dialogue & collaboration between government and civil society members on their role to protect street children		
3.1	District-level Bi-Annual Consultation with (ISSUE BASED) with Duty Bearer & Govt Representative	6	4
3.2	State-level Annual Consultation with Duty Bearer & Govt Representative (Learning Sharing & Impact based)	2	2
3.3	Analytical Research and Dissemination Workshop	1	0
4	Increased awareness on issues of street children and resource mobilization through networking with volunteers		
4.1	Volunteers collaborating with SBT are linked to the network; planned implementation of volunteer activities at homes and contact points and reviewing impact annually	375	312
5	Improved operational good practices through cross learning and supportive supervision		
5.1	Local exposure visits of staff members for cross learning of operational good practices on working with street children	6	4
5.2	Need based capacity building workshop	12	10
5.3	Inter-state exposure visits of staff members for cross learning of operational good practices on working with street children	3	2
5.4	Monitoring visits made by project coordinator	400	342

In quantitative terms the project was able to meet most of its expected targets. The project exceeded the targets for all direct interventions pertaining to reaching out to children. On some of the indicators concerning reaching out to other stakeholders, the project fell short of meeting its targets as these figures pertain to Feb 2018 and not the entire project duration. The project was not able to meet its on activity targets such as creating area watch dogs because fulfilment of these was contingent upon external factors such as presence of trust worthy and committed adults in and around project areas. However, in quantitative terms the project exceeded the expected outreach targets indicative of its overall effectiveness and success.

5.2 Qualitative Findings and Dimension of Change

This chapter focus on the value of impact at various facets of project implementation. It reviews how various designed activities, when interplayed with already in place systemic processes as well as with innovations, have been able to bring about change. It assess whether the value of this multi-level change has translated into a catalyst for empowerment and has constructively impacted the lives of street children.

5.2.1 Understanding the envisioned dimensions of change

The main objective of the dimensions of change was to steer the project on the anvils of child rights and legal umbrella of child protection and care. The project revolved around five key dimensions of change (enlisted below) against which the activities, indicators and outcomes were plotted.

- Individual: The impact understood by the change in the life of the beneficiary in terms of accessibility to rights based service delivery.
- Community: The impact reflected in the transformation of attitude and process of support provided by family, relatives, and peer groups.
- Duty bearers and State representative⁴ : The impact reflected in the attitudinal change and improved understanding of individuals and groups responsible for safeguarding and actualizing child rights.
- Civil society: The impact of the project reflected in improved engagement and transcending of preconceived notions by members of civil society.
- Organization: The impact understood by improved quality of service delivery vis-à-vis capacity building of the implementing organization.

5.2.2 First Dimension of Change: Individual level

The project was designed to bring out direct positive change in lives of street children by enabling improved social skills through constructive channelization of energy leading to increased self-confidence and focus on definitive career goals. The activities were put in place to ensure reduction of vulnerability and marginalization of this beneficiary pool.

Holistic development of street children through improved access to quality education, health, nutrition and skill development: With the understanding that each child is a unique individual, the project strove to ensure that each child was provided a continuum of need based care services.

⁴ LEA, CWC, rly mgmt, rights-based bodies, DWCD, government hospital, schools, labour dept, Childline

• Enabling 600 children to access to quality education

Following key achievements facilitated education and knowledge— not just reading, writing and arithmetic, but a more holistic vision, as a way of living for every child.

- Children come to SBT from different parts of the country (some even from neighbouring countries). They bring a myriad of experiences -social, cultural, economic, and emotional. Most of them are first generation learners, either they have no experience of education or they have a bad experience wherein they have been bullied and excluded. Coming from severely disadvantaged and deprived backgrounds where their basic needs, including education, are often not met, many of them have had no formal schooling; others have abandoned education as they could not cope with educational standards as they are likely to be affected by learning disabilities. To deal with this efficiently, different curricula for different levels with supporting teaching staff have been implemented. The teachers play the role of parents, attending parent-teacher meets, and ensuring that the child is not discriminated in any way in school.
- Active collaborations with multiple reputed schools, like Hope Hall Foundation; Shiksha Bharti; Bharti Vidya Bhavan have been an important step in this regard as this provides the children with better opportunities and greater exposure.
- SBT's Clinical Psychologist Dr. Mazher Khan pointed in his comparative study on *Prevalence of Learning Disability among Children in Institutions, Government School and Private School*, that out of 250 children 51 institutionalised were diagnosed with learning disabilities i.e. 15.4 % of the entire population. The creation of a Child Development Unit has led to children in the autism spectrum are given support to blossom to their best abilities. Within a span of less than 2 years, four children are ready to attend school.
- The Non Formal Education kit, designed especially for street children, has been used extensively over the three years. Since learning is a joyful experience with the NFE kit, it has led to increased school readiness and consequent increase in school enrolment.
- 41 children are pursuing higher education from various prestigious institutes and universities including University of Delhi.



- **Enabling 600 children gain access to quality nutritious food and access to quality health care services**

Street children are exposed to innumerable infections and diseases. Due to lack of care and guidance, these children have little or no understanding of sanitation and hygiene. As soon as these children are brought under SBT's safety net, the immediate effort is to take care of their multifarious medical and nutritional needs. Following key achievements facilitated improved health indicators.

Food & nutrition

- At the contact points, it is noted that children flock to the centre around lunch time in the hope of a nutritious meal. Along with the meal, children receive the warmth of social workers and teachers. This has a healing effect and helps children achieve development goals.
- Improved school attendance has been noted across all residential programmes. The medical social workers attribute this to increase in protein in the diet. On recommendation from the doctor, since year II of the project, non-vegetarian items such as paneer, chicken and egg were given to children on weekly basis. Milk and a nutritious snack in the evening are given on a daily basis.
- While the diet is balanced in consultation with doctor, the monthly menu is decided in a participatory mode in consultation with beneficiaries. This initiative has reduced improved intake of food and minimalized food wastage.
- A scope for improvement lies in reducing packed food during the evening nutrition time.



Medical

- With support of in-house doctor, monthly check ups were conducted for children in institutional care and across contact points. This helped timely intervention and reduced occurrence of long term illness.
- Regular sessions by medical social workers have also improved the standards of personal hygiene maintained by children.
- Regular medical camps and stakeholders meeting at community level has resulted in adoption of positive behaviour. For example at the contact point at Jama Masjid open defecation by children has reduced by 90%.

Mental Health Programme

- MHP plays a vital role in the development of each and every child who comes to SBT. The team has ensured holistic support to children with psychological care needs and neuro – development difficulties; with the aim to help them develop basic self-help skills.
- Initial counselling sessions were conducted with each and every new child enrolled in SBT residential centres. This first contact interview helps the child settle in a new and unknown environment.
- Individual counselling sessions were conducted on a monthly basis to address psychological problems and needs of children in the residential centres.
- Quarterly group sessions were conducted with children to engage them in art, discussions on life skills and other aspects of life in a play way method.
- Psycho social Counselling: This facility provided children a platform for informal discussions and problem solving. The issues addressed under the project were broadly behavioural issues, sex & sexuality, emotional issues, drug abuse, relationship issues, academics, religion, belief systems, anxiety over a career decision, lingering anger over an interpersonal conflict and many more.
- SBT has a customised a life skill kit keeping in mind the specific developmental needs of the street children. The kit consists of ten different modules which aim to develop the ability of an individual to deal with the variety of situations that life throws at them. Such education helped in the overall development of children, including emotional, cognitive and social well-being enhancing self-confidence. The key objective of the activity is to avoid risk taking behaviour and promote safe and healthy decision making.
- The street children of SBT come from severely disadvantaged and deprived backgrounds where their basic needs, including education, are often unmet. Many of them have had no formal schooling before they come into SBT's fold. Others have left home due to growing educational pressures that they could not cope with and are likely to be affected by learning disabilities. The felt need was felt to carry out a detailed assessment and provide intervention to children with learning disabilities. Thus a multidisciplinary team in CDU has been constituted that looks after children with special needs and bridge the gap between mental health and rehabilitation.
- Under the project, children were provided personalized counselling, in-house workshops, and skill building and exposure workshops. Under the project, a career planning tool for street children and institutionalized children has been developed in consultation with experts.

- **Providing 450 children opportunity to receive vocational, life skill training and latent talent development support**

- “Only education is not the answer for this country, education linked with livelihood is the answer” is what Ms. Praveen Nair, our founding Trustee believes. Education is given primary importance but the Trust is firmly grounded in the belief that education must empower a child to choose his/ her own path, and become capable citizen. Education with emphasis on skill building is encouraged widely. A SBT boy now a noted photographer in, Vicky Roy explains on how the coordinator of the home understood his lack of interest in studies and encouraged him to simultaneously focus on learning nuances of photography. In Vicky's own words, “The deep understanding of the staff that bookish literacy is not merely education, has enabled me to achieve all the accolades I have garnered today!”
- Through the experience of performing arts, SBT has successfully instilled a sense of self-confidence and dignity, which is other-wise so missing in the lives of these children. Believing in the latent talent of every child, performing arts are used as the springboard to enable a journey of reflection, expression, and empowerment.

Increased coverage of street children through outreach: This outcome was strategized with the understanding that what SBT does is drop in the ocean, and that there is a pressing need to widen the geographical scope to embrace more vulnerable children.

- Hotspots were identified and contact points were opened in the zone itself. This increases the accessibility of children as the point of contact is not beyond physical reach.
- Under this project 5 contact points have been established. Three contact points were established during the first phase of project and two during the second phase. Through these contact points, in total 4765 children have benefitted. 1579 children in 2015-16, 2236 in 2016-17 and 950 in 2017-18 came in contact with contact points.
- In order to empower the staffs, orientation and refresher training were provided to lend more depth to project activities and intervention.



5.2.3 Second Dimension of Change: Community level

The project envisaged that it is critical to maintain and enhance awareness on care and protection of street children among stakeholders in the area coming in contact with street children. This is with the understanding that while SBT works to strengthen the resilience and socialization skills of the individual child, this all get undone when he/she comes in contact with non-empathetic or destructive patrons.

Increased awareness on care and protection of street children among stakeholders coming in contact with street children (street families, parents, vendors, shop keepers, coolies, rly staff, pressure groups)

- Community involvement and constant engagement has shifted the ownership to the community groups. A critical change was seen at Jama Masjid where more than 80% of the children were removed from beggary and enrolled into school.

Positive behaviour change among stakeholders towards street children especially girls on streets

- The concept of community watch dogs is unique to this project. Children are identified by the community watchdogs and referred to SBT, this is a significant change from a situation where community was either not bothered about vagabond children or were critical of their existence in the vicinity.

5.2.4 Third Dimension of Change: Duty bearers and State representative level

In tandem with the UN Convention on Child Rights, the project aimed to strengthen the accountability of duty bearers and the State. It also aligned activities such as multi-sectoral stakeholder meeting to enable sector alignment and inter-department convergence.

Increased sensitisation of duty bearers and state representatives towards issues of street children

- A major outcome of the consultation meeting was that SBT was able to streamline the guidelines of Open Shelter mentioned in the JJ Act.

Improved dialogue & collaboration between government and civil society members on their role to protect street children

5.2.5 Fourth Dimension of Change: Civil Society level

SBT attaches a lot of value and significance to volunteer's engagement with various facets of the organisation such as teaching English, training tour guides with communicative skills, marketing the Salaam city walk, documentation, teaching school subjects, non-formal education, general knowledge, computers, theatre activities and counselling among others. The programme does not involve any cost on the part of volunteers and interns, the only requisites are dedication and commitment to work for the cause of street children.

Creation of a volunteer network at SBT to increase awareness and mobilise resources through volunteering

- SBT volunteer and internship programme have had sweeping results wherein many volunteers and interns invariably extend their association with SBT or become SBT ambassadors and raise funds after returning to their home countries.
- In the first phase of the project, a blueprint of the process of volunteers' network was developed. Networking process begins with membership of volunteers in the second phase. During the third phase, a strong network of volunteers was established. In the first phase of the 112 volunteers and interns from 10 different countries worked with SBT. 35 of them were from other countries. 10 partner organisation and 16 educational institutes which include British School, American Embassy School, Pathways school and from CQ

University in Australia also contributed as volunteers. Employees from Accenture, Aon Hewitt, American Express, Ciena, Barclays, Google, Burberry, Deloitte Consulting India, Dominos, and others have also contributed their time and skills in achieving goals of the project. The second phase has witnessed a significant large number of volunteers. 200 volunteers from 10 different countries participated. These volunteers also helped to bring out the first e-newsletter 'PANKHUDI'.

- In total 312 national and international volunteers contributed in term of their time, skills, and resources. During the year 2015-16, 112 volunteers came forward and in 2016-17 the number of volunteers reached upto 200.

5.2.6 Fifth Dimension of Change: Organizational level

The project provided for capacity building of persons working directly with children. Acknowledging that the job is human resource and emotionally intensive, activities were incorporated in HR friendly manner.

Improved operational good practices through cross learning and supportive supervision

- Making a humble beginning with three staff and 25 children, SBT has now grown to over 150 staff members. Although a challenge to keep the vision, mission and values of the founders intact among an expanding staff cadre, SBT has achieved a seamless percolation of core values from top to bottom. It is this clarity and commonality of thought and ideology that binds individuals from different walks of life together into the big SBT family.
- The direct engagement with children touches the hearts of many of the staff members making them sustain their association with SBT. A genial and conducive work environment where collective work is encouraged with recognition of individual strengths and efforts makes the staff members feel an integral part of the SBT family and they develop a strong sense of working for and with children. About 50 percent of SBT staff has served the organisation for more than 10 years this seems to be the most exceptional bench mark SBT has set in the area of employee satisfaction.
- The review of the project by Trustees and management on a weekly basis is unique to SBT. The Saturday meetings act as a platform for cross learning and for staff to freely engage with one another. While this provides stress reduction by means of communication, it also provides constructive supervision.



6. Effective Practices

The section presents the effective practices initiated under the project.

6.1 Watchdog Groups

One of the prominent effective practices adopted during the project is creation of watchdog groups. These watchdog groups were created by capacitating individuals or group such as anganwadi workers, volunteers, pradhan of the communities etc. in order to promote positive behaviour changes towards street children. Parents, community and neighbourhood play an important role in ensuring the safety and well-being of the children. 'Child protection is everyone's responsibility' with this thought watchdogs were created as community based child protection mechanism. The mechanism was based on the assumption that local people are effective in responding to the needs of children as they can develop a better understanding of the situation and have a greater potential to respond effectively to issues.

The watchdogs monitored activities of children in order to report the problems prevailing in the community such as if the children were not going to school; if the families are forced children for begging; if child marriages were being practiced etc. In such cases watchdogs informed the project team about the activities going on in the communities. In total 16 watchdog groups were formed and member included caretaker of park and night shelter, parents, peer groups, local sweeper, media shop, Shopkeeper and NGOs personnel. With such initiatives stakeholders are contributing their effort in protecting the children in vulnerable situation. They have come forward in order to protect the rights of children. Notably, the beneficiaries understand the importance of these groups in helping them understand child care and protection issues.

6.2 Community Participation and Planning

The project was able to elicit family and community involvement and these partnerships resulted in creation of awareness on child rights. Every month meeting with stakeholders who are in direct contact with street children are conducted at residential homes and contact points. The main goal is to promote child well-being, health and education. Regular interactions through stakeholder have helped in gaining commitment and creating productive relations with between children and project team. This practice helped in smoother implementation of the project. At each contact point, SBT staff/team especially made an effort to build rapport with children, parents and community to address the need of children and implement the project effectively. Collaborative planning was seen as an effective technique for consensus building between SBT team and community people. When community people are actively engaged in planning and implementation processes, plans are likely to be more closely matched with stakeholders' needs, interests and expectations, motivating them to help achieve beneficial outcomes. The practice has resulted in increased enrolment of children to school and NFE as earlier the parents accorded low priority to education. Through community meetings awareness about the importance of education was created and more children were linked to schools.

6.3 Career counselling

Career counselling has been instrumental in preparing children for work goals. These sessions helped children in thinking of a brighter future and accordingly study and undergo vocational training. Career counselling and guidance steered children in the right direction. Monthly career counselling sessions were conducted for children of 16 years and above. This sessions intended to help children to know and understand themselves and relate with the world of work in order to make career, education, and life decisions. The counsellor developed a counselling curriculum catering to the specific needs of the street children. Another good practice adopted by SBT was providing exposure visit to various

institution, career fair where children get opportunities to meet and interact with people from different field. They are given opportunities to attend workshop and orientation session.

6.4 Mental Health Programme

With the initiative of Ujjale ki Aur by the Mental Health Team, a preventive approach has been adopted to provide immediate medical and drug de-addiction care to street children who are extremely vulnerable to drugs. Due to peer influence, numbing pain and hunger pangs, many street children begin using drugs. The counsellor and staff members of SBT conduct regular individual counselling and group sessions at the contact points having high population of children inflicted with drugs. The team also counsels and send these children to the drug de-addiction centres. Additionally, children with suicidal and destructive behaviours are also provided counselling and therapy by the counsellors. Under the programme, various activities such as screening of movies/documentary, thematic workshops, story- telling session and art-based therapy etc. are conducted. This programme has provided a lot of scope to understand various problematic issues related with children and to study the behaviour pattern among them. It has provided an opportunity to sensitize stakeholders, community about the mental health issues among street children.

6.5 Annual volunteer meeting

SBT team has created a volunteers network. As part of the network, volunteers nationally and internationally contribute their time, knowledge and skills during project implementation. SBT has been organising annual volunteer meet which is conducted to thank the volunteer for their selfless work and to receive feedback from volunteers regarding their experiences. During this meeting, volunteers shared their experiences, opinions and suggestions to execute the project effectively. Through the help of these volunteers, SBT is able to collaborate with various schools and colleges in Delhi and participates in numerous college festivals, Diwali melas etc.

6.6 Staff outstation exposure visits

Every year SBT staff visit other states for exposure and cross learning on child protection issues. During the project outstation exposure visits were made by SBT staff to Karnataka, West Bengal and Jharkhand. The staff visited various NGOs working on child issues. Through such visits the staff learnt about different child-friendly interventions in different states. The staff drew lessons from these visits and made efforts to incorporate them in the project implementation. For example, they have learnt to work within limited resources; grooming children to make them confident and independent, sensitization and participation of stakeholders, improving account practices, creation of children and mothers group at the project sites.



7. Challenges

Challenges impacting project implementation include:

Independent streak of children: Some children living on streets develop an independent streak and are used to a carefree life. Many such children who come to SBT centres want to lead an independent life because of which they want to leave the home or/and contact point. Such children are not regular to contact points or do not participate actively in the activities of residential homes. Most of these children are first generation learners and their parents do not give priority to education and prefer children to work rather than attend school. The project team dedicatedly worked with these children and counselled them to continue their education.

Mobility of parents: Another problem is high mobility of parents due to informal and irregular nature of work. Owing to this children move from place to place and do not have a permanent settlement. Consequently they are not able to maintain regularity at the contact points and continuity in education which increases drop-out rates. Another effect of high mobility of parents was problem in conducting regular monthly meeting with parents and community.

Sustaining area watchdog mechanism: Due to dearth of responsible and trust worthy individuals in the project intervention area sustaining the area watch dog mechanism was problematic. Also the trained watch dogs often shifted their base and thus new watchdogs had to be created.

Rapport building: This has always been a challenging aspect of SBT's work. Forming rapport with street children who face so much hostility is difficult as they become very wary and sceptical of any stranger who approaches them. Apart from this community dynamics also pose a challenge to rapport formation. For instance in Mansarovar Park area, the community is divided into different groups who do not cooperate with each other. In such areas building a relationship with the community and implementing project was difficult. Some communities like *Lohars* would not send their children to SBT centre at all. The team spent considerable time and efforts in forming rapport in these communities.

Maintaining hygiene and sanitation: Promotion of sanitation and hygiene practices among children and their families has also been difficult. Since children on street live in difficult conditions ensuring that they bathe and have access to clean drinking water and food regularly was very difficult for the project team. Project team conducted awareness sessions to promote sanitation and hygiene among children.

Admission in schools: Due to lack of proper identification documents with the parents, the team faced problems in enrolling children in schools. In such situations, the team initiated process of securing identification proofs and documents.

Need of counsellors: SBT requires more counsellors to ensure delivery of high quality counselling and mental health services. Presently, there is a deficit in number of counsellors as compared to number of children. Lack of adequate funds hinder the recruitment of the qualified counsellors. SBT is making efforts to bring in more counsellors on board.



8. Case studies

Case study 1: Kashish, a 13 years old girl from Delhi along with her sister was transferred from Arushi Residential Centre of SBT in Gurgaon, Haryana to Udaan Centre as she hails from Delhi. She has a sociable personality and is popular amongst her peers. Kashish is a bright effervescent child. The staff have been friendly and encouraging towards her because of which she has settled well in Udaan and has even made friends with girls of her age and reciprocated well with the staff members.

Kashish's father was suffering from a terminal disease. Her mother in absence of any financial support and source of income was not in a position to raise her two daughters alone, living on the streets. The mother was then presented before the Child Welfare Committee, where she emphatically expressed her inability to provide for her daughters adequately and desperately hoped to protect the rights of her daughter to education and health. Thus, she made the difficult choice of sending her daughters to child protection institutions. The Committee then issued directions for admission of Kashish and her sister to Arushi Centre, from where they were transferred to Udaan Residential Centre. In spite of initial teething problems, the Arushi and Udaan teams were able to build a strong rapport with Kashish and she adjusted well to the Udaan Centre's environment. Kashish has been performing well in her studies and other activities of the Centre.

Kashish is doing well in academics; she is studying in VII standard at Birla Arya Sr.Sec School. She is a bright and sincere student. She takes a keen interest in project and activities of both the centre and school. She is an obedient girl and a fast learner. She also blends in well in different groups which is why she excels at group activities such as group studies and assignments. She also excels in extra-curricular activities. She loves to dance and participate in the activities of the Centre. Since childhood she is very active in theatre. She is an amazing theatre and dance artist too. She took part in Salaam Baalak Trust's annual theatre production in 2017 as the lead actor. She received silver medal for exceptional achievement in 2017 by Government of India.

Case Study 2: A child of 15 years old came to Aasra shelter home on the orders of Child Welfare Committee (CWC) in 2016. When the social worker interacted with child, he was not able to share anything about his family. He only shared that he had worked in a hair salon in Old Delhi. He had some issues such as no eye contact, no social interaction, no friends, sitting alone; movements were very slow and he had an unusual smile. The child was then referred to the Psychologist. Meanwhile his overall behaviour was worsening as he locked himself in one room and sat in an enclosed wardrobe. His movements were becoming very slow. The child's case history presented before the Psychiatrist Dr. Amit Sen. He was diagnosed with Catatonic Schizophrenia and required hospitalization immediately. The CWC was informed of his mental condition and he was admitted to Institute of Human Behaviour and Allied Sciences, Shahadra for two months. Once he came back from the hospital, there was a drastic change in him. He was doing very well and was involved in all daily activities of the centre. The social worker tried to trace his family but they were unable to do it. Thus, he was transferred to Apnagarh Shelter home for vocational training. At present, he is on medication and undergoing regular counselling sessions. He is also interning in a hair salon and earning Rs 7000-8000 per month.

Case study 3: Hansraj alias Satish came to SBT in April 2016 through CWC Mayur Vihar. He was transferred from Chennai to SBT because CWC Mayur Vihar suggested that as he is from Nepal. Later it was recognized that he was suffering from second stage pulmonary tuberculosis. The SBT team immediately arranged for his treatment at Delhi DOTS Centre and special nutrition was provided to him. He was very weak and weighed only 24 kg. His treatment continued for six months. Post his

treatment he shared with the project team that he is from Nepal. The team contacted ChoriChora Nepal organisation to trace his family. They representatives from the organization came and interacted with the child. During the interaction it was revealed that the child is not from Nepal but Darjeeling, West Bengal. SBT then arranged for the child's transfer to CWC, Darjeeling and then the child was successfully restored to his family.

Case study 4: A child from Bangladesh due to a dispute with his parents had come to India illegally at the age of 10. He then started to work in a hotel in Ajmer (Rajasthan) and fell prey to drugs. After working for five years in Ajmer, he came to Delhi and was found at ODRS centre in an intoxicated condition. Later, with the permission of CWC, he was sent to a drug-de-addiction centre. During the treatment he shared about his whereabouts and with the help of concerned police station, the SBT team was able to contact his father. Once the treatment was completed the child expressed his desire to go back. The project team contacted Bangladesh embassy, finally to escort and restored the child to his native country and his family.



9. Conclusion and Recommendations

The APPI project has impacted lives of many street children and bought qualitative changes in their lives. The project was implemented in consonance with spirit of juvenile justice laws and policies of the country in terms of rehabilitating the children in need of care and protection. The facilities and services under the project helped transform the lives of children and demonstrated an effective model for working with street children.

Following recommendations emerge from the impact assessment

- **Skilled human resource a major enabler:** SBT understood the dictum 'An organisation is as good as its staff'. Thus, recruitment of well-qualified experienced and dedicated staff members provided to be a major enabler for effective implementation of the project. SBT must maintain its rich pool of human resource to implement the project activities in future.
- **Holistic package of services:** To effectively work with street children a holistic package of services such as the one envisaged under the APPI project is necessary. The project involved education, health, vocational training and community participation activities which catered to multiple facets of street children's life and brought them under SBT's ambit.
- **Enhanced participation and involvement of community:** The project entailed participation and involvement of community members. As a result relevance of project for street children was recognised by the community and there was greater acceptance to project activities. In the times to come SBT needs to continually work with the communities to sensitise and make them aware of needs and concerns of street children.
- **Strengthened advocacy** is required to bring sharper focus on issues of street children in government policies and programmes. For this SBT needs to continually advocate for and voice concerns of street children in different policy and programme forums.
- While **monitoring systems and mechanisms** of SBT are robust, given the complex nature of the program encompassing many stakeholders, various locations and categories of children; stronger supportive supervisions systems should be put in place to ensure and sustain quality of services.
- **Staff strength at contact points:** As the contact points are able to cater more children every coming year, the staff strength in at these points should increase adequate outreach.

Overall the APPI project is a well-designed and successful intervention based on SBT's ethos and years of experience of working with street children. The interwoven components of education, health, counselling, and vocational training have been instrumental in achieving the overarching goal of caring and protecting street children. The project has demonstrated a replicable model to work with street children in other parts of the country.



Annexure

Participants List – 5 February 2018

S. No.	Center	Participants	Contact No
1	Udaan Girls Homes	Shaifali	9582273009
2	DMRC Children Homes	Akansha	9958588757
3	ODRS, Open Shelters	Ikra	7042823876
4	Arushi, Mental Health Programme	Shikha	9953139240
5	Arushi Coordinator	Minakshi	9810824980
6	Pragati	Jyoti	8826933286
7	Career counselor	Oshin	8860218969
8	DMRC, Asra	Ritu Bhagat	7838079131
9	Parivartan Center	Azhar Khan	7503811671
10	Library Head office	Sakshi	9711292217
11	Prerna Center	PankajUpadhyay	9868059654
12	Parvaaz Jama Masjid	Samar Jahan	9310149124
13	Aasra Children Homes for Boys	Kantinath Mishra	9310149107
14	ODRS Open shelter	Manoj Kr Singh	8510895506
15	ApnaGhar	Pramod	9899295669
16	DMRC Children Homes	Sanjay Dubey	9868455356

