DATA ANALYSIS RESULT & GENERAL FINDINGS

4.1 SALAAM BAALAK TRUST: - These are the following components for services-

- Age & Gender
- A/AB message
- LSE (life skills education)
- HIV referrals
- STI referrals
- Psychosocial support
- Vocational support
- Health care services
- NFE (non-formal education)
- Nutrition
- Mental health counseling

4.1.1 Age and Gender Profile Over the Past Three Years**:-**

Year	Male	Female	Total
2006-07	1799	349	2148
2007-08	1459	359	1818
2008-09	1526	425	1951

Table 1

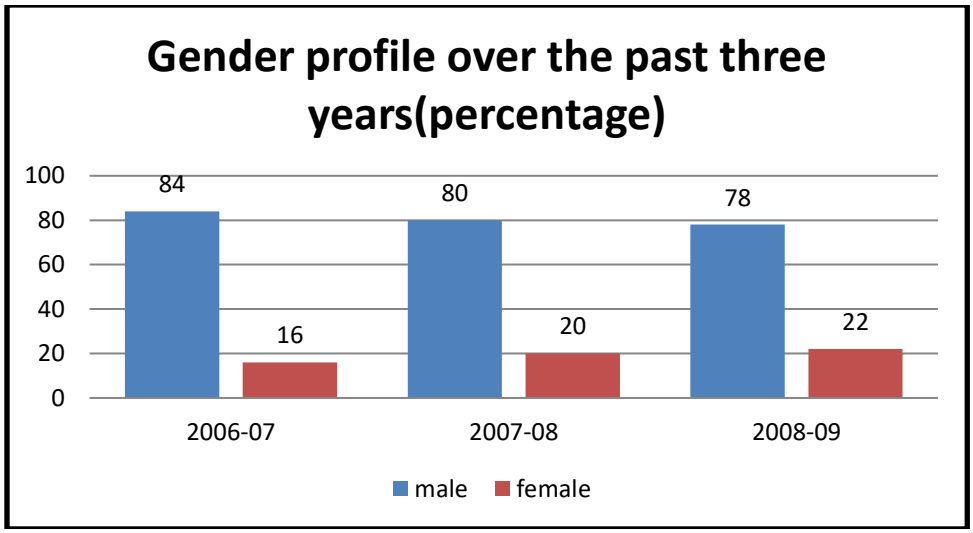


Figure 1

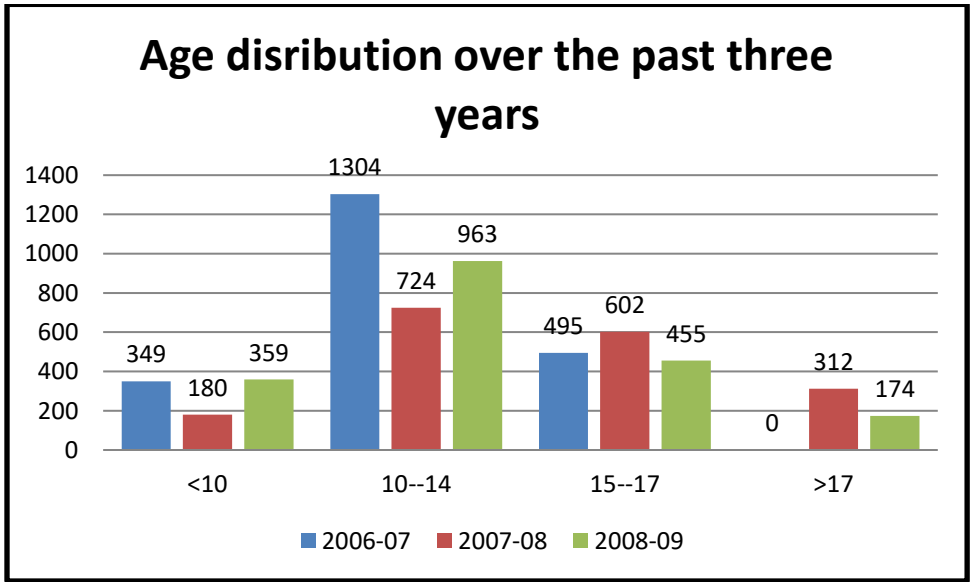


Figure 2

The gender and age profile of the runaway children who are living in shelter homes is presented in this section. Includes both males and females in a ratio of 4:1 respectively; males are more in number due to ease of availability and accessibility. The Age composition of children (Table 1) reveals that children of varying age group exist in the shelter homes ranging from 5-18 years. The mean age being 14 years approximately. As per the previous studies done in the same shelter homes, more than half of the subjects were from North India including states like Uttar Pradesh, Bihar, and probable reason of more runaway children from state like Uttar Pradesh reflects the population burden and the consequences of the same. The rest came from other states of India such as Maharashtra and Rajasthan Central part of India including states like Madhya Pradesh, East India including states like Assam, Southern part of India including states like Karnataka and Kerala, Delhi and the remaining came from neighboring country Nepal.[1]

The Age composition of children as in 2008-09 year data reveals mean age group to be approximately 13 years and age group ranging from 4-18 years. Data set consist of both males and females in the same ratio as of 2007-08 data set i.e 4:1 respectively. Dispersion of age group from its mean is (+-) 3.4.

[1](As per the study done by Shivangini kar and Rajesh singh in SBT regarding KABP survey in street children)

4.1.2. LSE Sessions:-

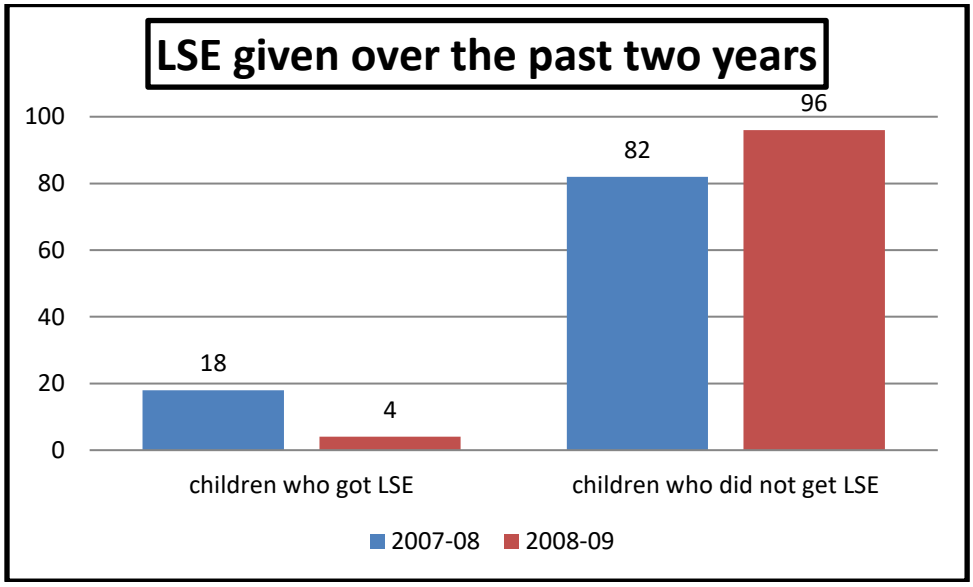


Figure 3

Year	Children who received LSE	Children who did not receive LSE	Total
2007-08	254	1137	1391
2008-09	61	1472	1533

Table 3:- LSE frequency over the years.

Analyses of the results regarding life skills education sessions (LSE) attainment for the year 2007-08, reveals that majority of the children (constituting to approximately 82%) living in shelter homes, have not gone through the sessions. There are only 18% children who got LSE sessions once or more than 6 times in a year. There are just 2% children who got LSE sessions 10 times or more than 10 times in a year.
For the year 2008-09 data is presented in the table. In this 96% children did not get the any LSE sessions. While there is only around 1% children who got LSE sessions six times or more than 6 times in a year**.**
In the data being enumerated, comparatively LSE session has been decreasing over the years from 18%(254) to 4%(61). For years 2007-2008 and 2008-2009 respectively eligible children for LSE were 1391 & 1533 respectively; whereas percentage of children who were covered in LSE sessions were very less for the two consecutive years.
As per the requirements of LSE sessions 6 modules need to be completed in a maximum time frame of one year. Minimum sessions required for the completion of modules are 6 in number. Analysis of the above data sets reveal that the NGO should have covered more children for betterment of street children ; the reasons may be further investigated for further improvement in the functioning of the NGO as well for better service delivery to the street children.

(eligible means children 9-17 years age)

4.1.3. AB MESSAGE:-

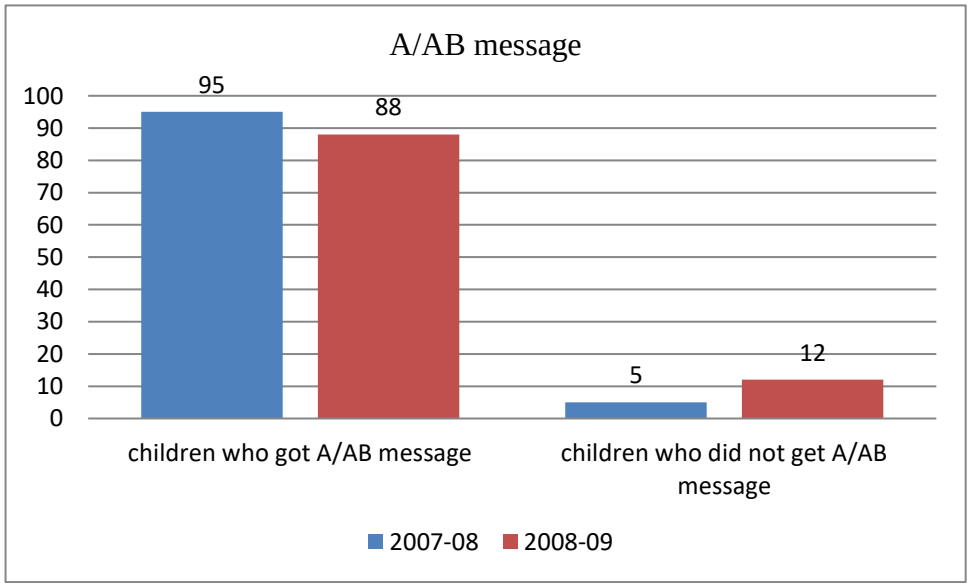


Figure 4

It had been known that individuals could take action to either reduce or avoid altogether the risk of becoming infected with HIV through sexual transmission. The risk could be avoided altogether by avoiding any sexual activities that could cause transmission of HIV (i.e. Abstain).The risk could also be reduced, through avoiding sexual intercourse other than with a mutually faithful uninfected partner (i.e. Be faithful).

As this population is highly sexually active, the requirement of delivering the knowledge and information to the same population is a basic requirement. The data set reveals that majority of children (95% & 88%) have been given A/AB message at least once a year for the two consecutive years as 2007-08 and 2008-09. A/AB message coverage is quite appreciable as compared to other indicator in the same year. In the year 2008-09 ,88% children were given AB message. Over the year the frequency of giving AB message is decreasing if compared to the previous year. This may be further investigated. This may due to high mobility rate of street children.

(eligible means children 10 -17 years age)

4.1.4. STI & HIV**:-**

As per the study done in past its quite sad to share that majority of the children (40%) had their first sexual intercourse at an age ranging from 8 to 12, (25%) had an experience at an age of 12 and beyond that and rest had no such experience yet. (32.5%) had sexual indulgence several time a year; out of all the respondents who reported of sexual indulgence, majority have not used condom (57.5%); (15%) of respondents had multiple sexual partners, with friends as the dominant sexual partner.;(62.5%) were unaware of partner’ s STI/HIV status, on a contrary majority (67.5%) had no idea regarding this topic.

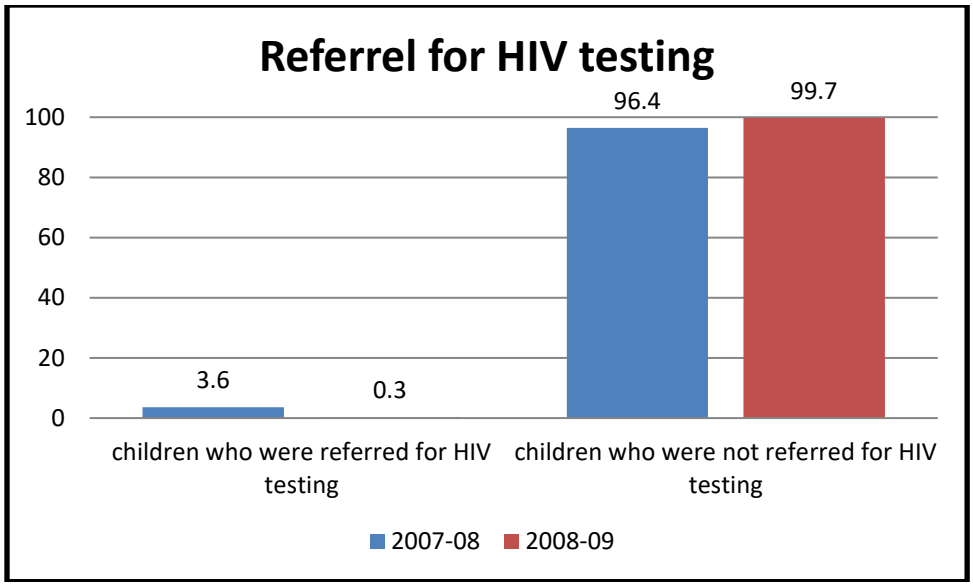


Figure 5

As per the data analysis for HIV testing majority of children have not been gone through HIV testing. Just 3.6 and 0.3 percentage children have gone through HIV testing. This is need based service which is provided as per the requirement of individual or as per the doctor's recommendation if he or she any sign and symptoms.

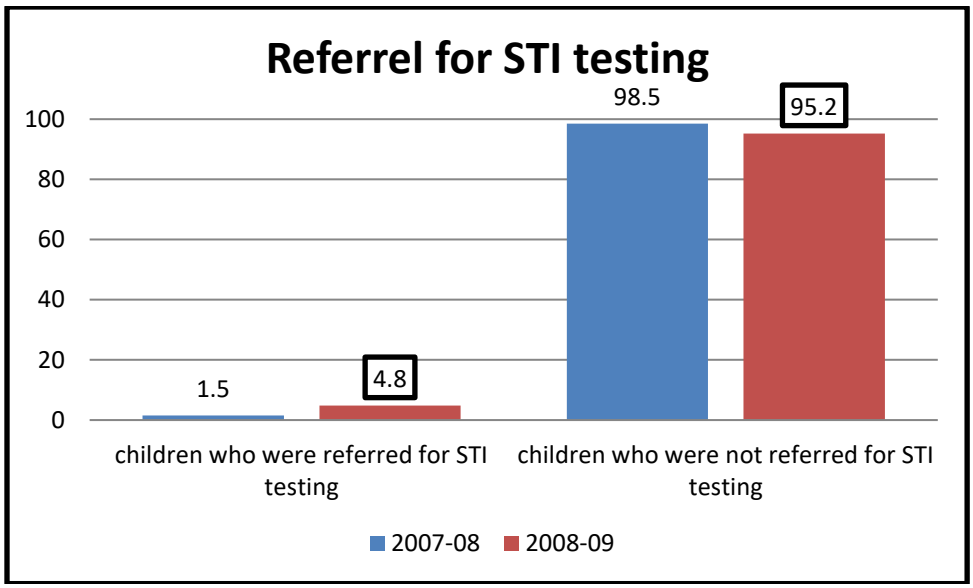


Figure 6

So they are more prone to be vulnerable for STI. As per the data shown in this table majority of children were not referred for STI checkup (98.5%) as well as none of the street children had undergone any STI treatment. Though these children indulge in

sexual activities with high risk behaviour for HIV/AIDS and vulnerable to all kind of dangers (exploitations and abuse).

4.1.5. Psychosocial Support **:-**

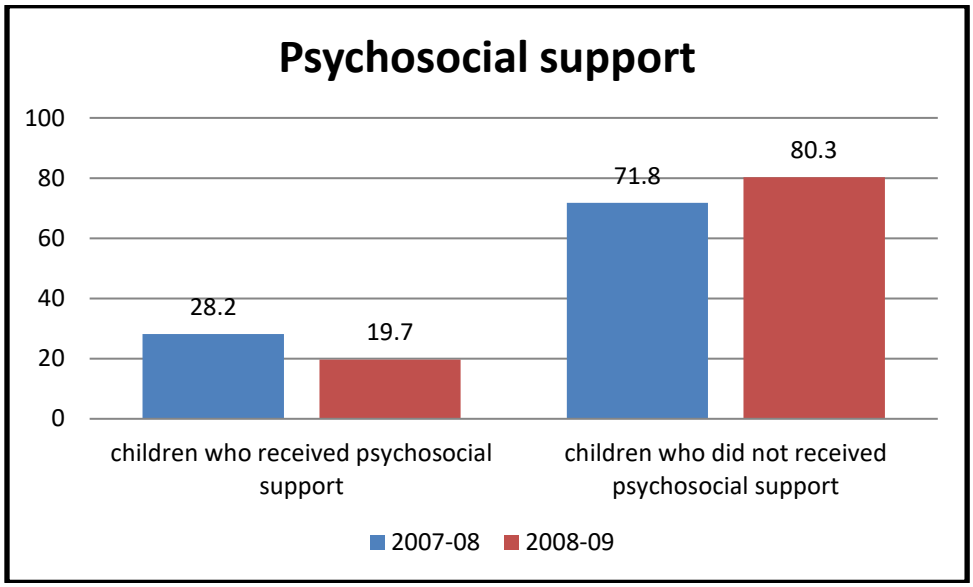


Figure 7

Compare to last year (07-08) percentage of children decreased who received psychosocial support. Just one fifth of the total population received psychosocial support in the year 2008-09.
So analyzed data reveals that no of individual decreased over the past two years who received psychosocial support. This is also need based service so we can say no of children who need psychosocial support is decreasing over the past two years. There also might be some other factor also like some times counselor does not wish to go at site where children could be available and provide service at the shelter home. So it might also lead to missing to some children. High mabolity rate of street children is also play an important role in low coverage of any indicator.

4.1.6. Vocational Support **:-**

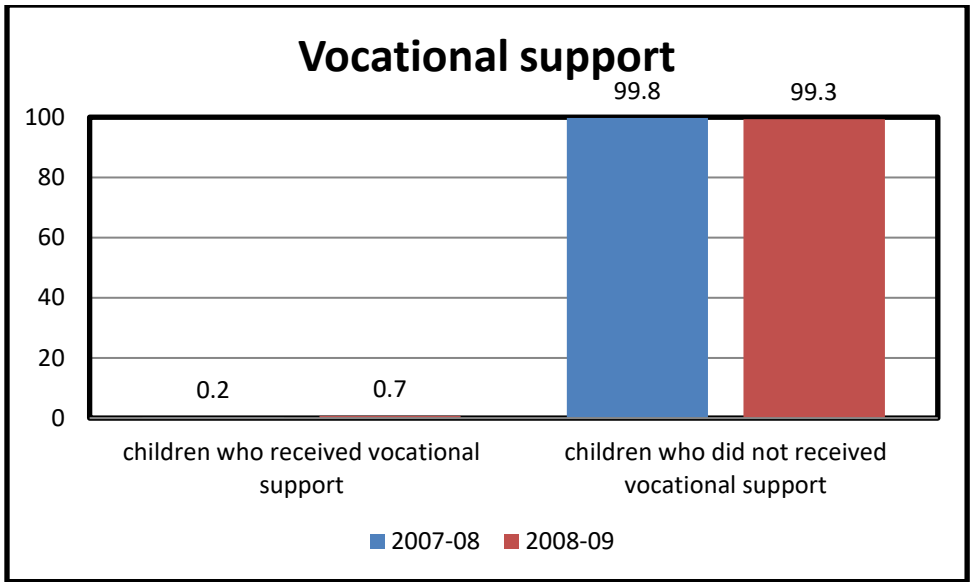


Figure 8

year	Children who received vocational support	Children who did not received vocational support	Total
2007-08	2	784	786
2008-09	5	691	696

Table 3:- Vocational support over the years.

Data reveals the vocational support status among street children. As Very few children opted for vocational courses as the higher mobility rate.
Data indicate that just 0.2% and 0.7 children have been opted for vocational courses for the two respective years. While number of eligible children is 786 & 696 for the both respective years.
Frequency of opting vocational courses has been more than triple over past two years. But number of children is very less against eligible children. Which could be due to less motivation or some other characteristics may also affect.

*(Eligible children means age group 14-17)

4.1.7. Non-Formal Education**:-**

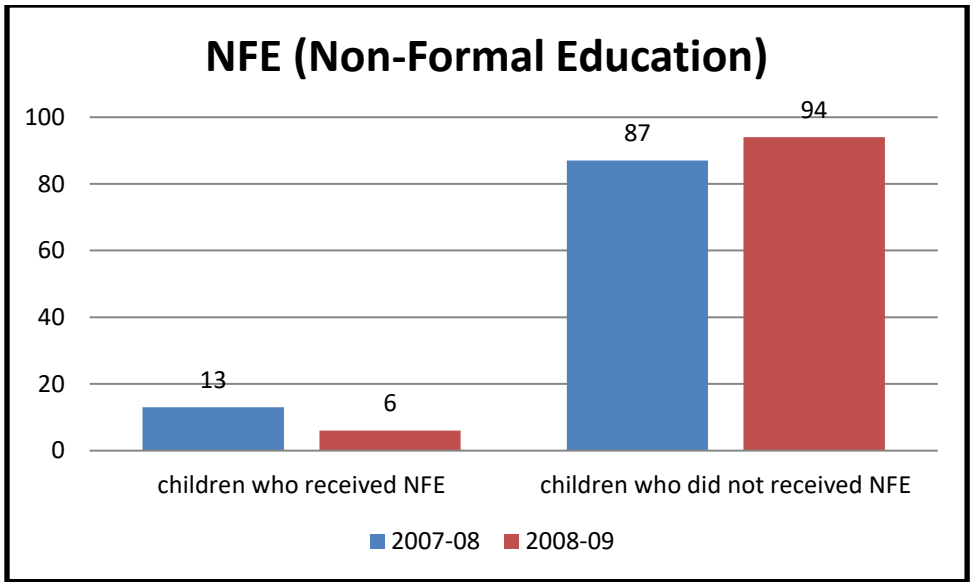


Figure 9

year	Children who received NFE support	Children who did not received NFE support	Total
2007-08	120	784	904
2008-09	84	1238	1322

Table 4:- NFE support over the years

Analysis of the information regarding the Non-Formal education in the year 2007-08 & 2008-09 indicate that majority of the children (87% & 94%) were not engaged in NFE related activities . No of children who are getting NFE 5 times or more than 5 times in a year is very less just around 2%. As per the NFE guidelines one children should have gone through 10 NFE classes minimum. Total percentage of children who got NFE once or more than once is 13% & 6% for the respective years..

For the both the respective years eligible children were 904 & 1322 while just 120 & 84 children received the service against these eligible children that is very less comparatively.

In year 2008-09 just around 6 % children involved in NFE activities. So compare to last year (2007-08)NFE participation is also decreasing. So majority of children are not engaged with NFE activities due to many reasons. Like their past life style also prevent them to get involve such type of activities. So this is also a big challenge to get them in NFE like activities.

*(Eligible children means age group <15)

4.1.8. Nutrition Support **:-**

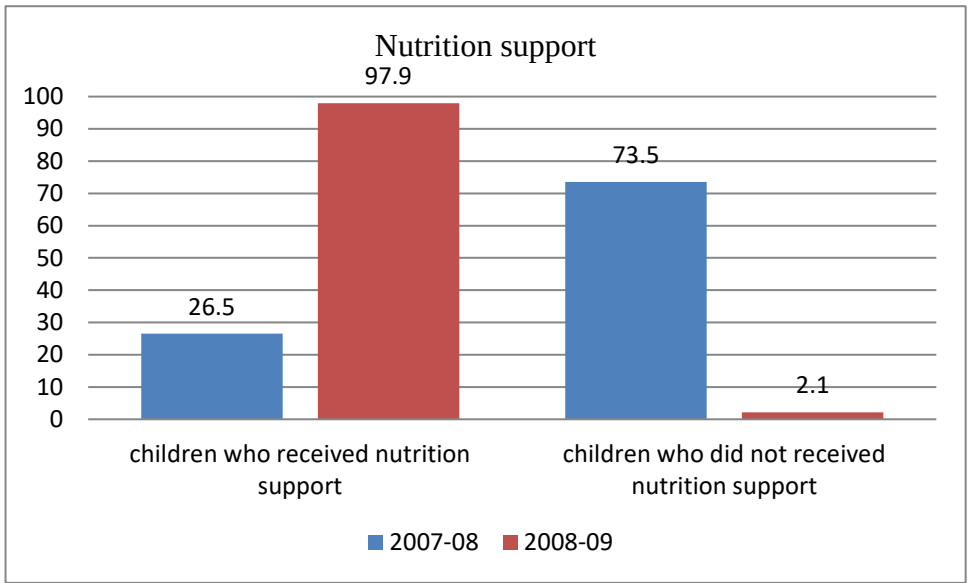


Figure 10

According to the analyzed data most of respondents (97.9%) got nutritional support in the year 08-09 while this is was very poor in 07-08(26.5%).So coverage of nutrition support increased compare to last year. Nutritional support has been increased for the year 08-09 compare to year 07-08 that is quite appreciable. In this year 08-09 they started giving nutrition support to all shelter homes while it was not there in the year 07-08. So the total coverage of nutrition support increased.

4.1.9. Mental Health Counseling**:-**

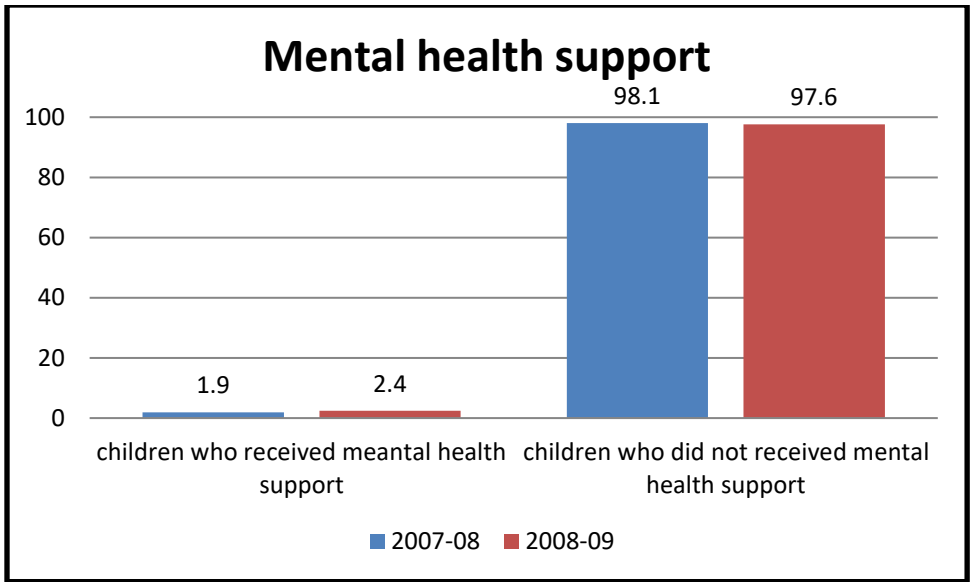


Figure 11

Mental health counseling also provided by the organization as per the requirement and condition of individual. In the year 07-08 and 08-09 just 1.9% and 2.4% children received mental health counseling for the consecutive years.

Over the past two years data analysis for the mental health counseling, it is found that no. of individuals has increased who needed mental health counseling. It might be due to circumstances where they live.

1. CONCLUSIONS & RECOMMENDATIONS

As per the data analysis and trend analysis both the NGOs working well in their field. As Salam Balak Trust is covering more than 2000 children per year average that is good as coverage point of view. They are serving street children in all areas. Girls ran away for a reason. They are abused emotionally and physically. Runaways are more likely than not, are victimized by their families. Yet they are betrayed by further punishments on the street by others. As it is already authenticated by the data analysis that the number of girls who run away from their homes is in continuous rise.

It has been found that over the years the NGO had been unable to provide required number of Life Skills Education, A/AB message and NFE (Non-Formal Education) to street children on continuous basis, the reasons of which are needed to be further probed out.

Nutrition service is provided to children has been increased over the last years so that is good for the betterment of the street children.

Though there has been increase in the number of street children referred for STI testing (which may be a situation of routine examination), it has been noticed that the number of street children for HIV testing have reduced over the same period, the cause of which may be infrequent STI affected cases in the NGO and decrease in the risk taking behavior of the street children residing in the shelter homes of the same. This depicts the better service delivery of the organization as a whole.

Psychosocial support addresses the ongoing psychosocial and social problems of HIV infected individuals. Services for the psychosocial support have decreased over the same time period which depicts that the requirement for the same have decreased and the status of street children with respect to these is better than the previous years.

Mental health support also has been increased over the past years that is need based service so might be number of children who needed this service has been increased over the years.