



Afghanistan

The **Birth and Life Saving Skills** program (**BLISS**) aims at equipping and educating village women and men in learning how to prevent problems during pregnancy and delivery.

The **Water Projects** ensure that clean drinking water is available to local communities.

The **Teaching & Educational Assistance** project exists to provide value-based quality education for all Afghans.

The **Self-Help Groups (SHG)** project aims to empower Afghan women through a self-help approach with a focus on economical and social development.

SAFARI: This project's goals are to promote the ideals of the civil society through publishing and training projects.

China

The **Cattle Improvement AI Project** helps farmers to use AI to improve their cattle stock and livelihoods.

Community Education and Health. These projects carry out training in health awareness as well as equipping and training underprivileged students to motivate the whole community to move towards a holistic healthy lifestyle.

Iran

Through the **Relief Projects** we are still heavily involved in providing relief supplies to communities in Bam, Lorestan and Zarand after devastating earthquakes in the regions.

Training Center. In Bam we are running a training center to help spinally injured people, hurt in the earthquakes to train for work and employment.

Jordan

The **Kindergarten Teacher Training** project trains teachers in the pre-school Montessori method.

Agricultural Land Rotating Scheme. This project allows poor farmers 3 years access to prime land to grow crops.

Educational Projects. We are running English and Computer training projects.

Community Based Re-habilitaton Projects. This includes physiotherapy programs.

Kabadino Balkariah

Medical Care for refugee children is the focus of the work.

Kazakhstan

The **Orphanages Program** brings help to orphans materially, emotionally and spiritually.

Education and Health Program. We help local communities with education and health training.

Lebanon

Reconstruction of houses, water and sewage systems after the recent conflict with Israel.

Agricultural Development to replace the income lost to farmers in the afore mentioned conflict.

Food Distribution to poor families.

Trauma Counselling Programs that seek to meet the emotional needs after the recent conflict.

Northern Iraq

The **Medical Consultancy Project** coordinates medical training by experts in different medical fields who visit the country for specific time periods.

Community Based Re-habilitaton Projects: This includes physiotherapy programs.

Sudan

Three Live-In Centers cater for 150 street children who get the chance to receive an education, three meals a day, medical treatment and a safe place to live.

The **Relief Project** in Sudan works in some of the remote, inaccessible areas that have not have had any help for years.

Tajikistan

Community Development is the focus of the work here that involves **English** language teaching and **Computer** training alongside **Micro-business Coaching** and **Relief Work**.

Yemen

Community Development Program. These projects work amongst communities in the southern part of Yemen. This includes micro-business, health and education training.

II. Program Activities and budget for featured program

Operation Mercy's Street Boys Live in Centre reaches out to boys in the city of Khartoum and surrounding districts of Omdurman and Bahry. There is also a Live in Center in the town of Renk several hours drive south of Khartoum. At the Live in Centers, boys are provided with a three meals a day an educational programme and medical care and a safe place to sleep and store what possessions they have. In addition, we make an effort to reconnect boys with their families and monitor these relationships. We approach their needs in a holistic way, providing for physical, educational, spiritual and relational needs. At present all three Live in Centers cater for 150 boys.

Over 30,000 street children live in Khartoum and the surrounding areas. The vast majority of these children are boys who struggle daily to survive. They work for little pay, get beaten by older boys, and face threats of imprisonment and military recruitment. "[The boys] have no hope or love on the streets; one visitor described them as 'the devils play things,'" says the Live in Centre project manager. "These children need love and they have amazing potential. The boys will die physically and spiritually if left on the streets.

History:

Operation Mercy's first opened a Drop in Centre when we began working with street children in 1996. We had 100-120 boys dropping in weekly. Within the first year, some younger boys ages 4-7 and some very sick boys were taken in to a Live in Centre because they could not survive on the streets. We simultaneously ran a Live in Center and a Drop in Centre in Omdurman with the drop in days gradually reduced to once a week so as not to interfere with the education of those who lived at the centre. Eventually the number of boys who needed long term help increased and so we changed the Drop in Center to a Live in Center.

The three Live in Centers provide more than just shelter and food; they provide the boys with a secure place to grow up, an education and the opportunity to reconnect with their families over time.

Our Live in Centers have been very successful in changing lives and in repairing the boys' relationships with their families. For example, 34 of the 41 boys who have graduated from the Live in Centers are now working or in school. Most of them live with their relatives. In addition, some of our graduated boys have returned to serve as volunteers, befriending the younger boys and helping with their education. These boys started out as disturbed, violent teenagers but now their lives are much improved and stable.

Impact areas:

Relief: meeting the immediate physical needs of street boys (e.g. food, shelter).

Educational: providing structured educational programmes or integrating boys into local schooling systems. Education includes academic subjects, spiritual training and physical activities.

Medical: addressing health concerns of the boys when necessary.

Family & Relationships: repairing strained relationships with families, teaching boys to befriend and trust others. Up to 75% of the boys from the Live in Centers are eventually reunited with their families; some became the main breadwinner.

The Live in Centers are a base from where the staff at the center can try to find the boys families and to re-integrate the children back into their communities, rescuing them from a life of constant suffering on the streets. The Live in Centers are a place where the children will be fed, and have an educational programme put on for them. There will be health education, a spiritual programme and fun activities. In addition the children will have access to medical care.

Live in Centers Yearly Budget	USD \$
Food and Cooking Fuel	97,000
Medical	12,000
Home Visits	3,000
Staff Wages	82,967
Repairs to Center	5,900
Electricity Bill	4,400
Education	22,250
Clothes, Shoes, Blankets	12,200
Equipment	3,000
Vehicle Costs	5,000
Septic Tank Maintenance	3,000
Communication and Facilitation Costs	51,531
Total	302,608

III. Monitoring and evaluation for featured program

- A.** The team that looks after the boys and that runs the three Live in Centers meet on a regular basis to discuss the progress of the program. Each boy that is given a place in one of the Live-in Centers is carefully monitored as many of the boys come into the centers with drug dependencies and emotional problems. Our staff spends quite a bit of time with new boys who then recover from the drug addiction and are instrumental in helping new boys that come into the center to recover.

- B.** During the time that the boys stay at the Live in Centers every effort is made to reconnect them with their families. A permanent reconnection often only happens once the boys have graduated from the center with an education that often involves a trade so that they can help their families financially. Our center staff then carefully monitor this situation for several months by regular visits to the families

- C.** (Please see an attached report)

IV. Optional: other support for featured program

The city of Khartoum hosts as many as two million Internally Displaced Persons (IDPs). According to the United Nations, many families who return to their villages leave children behind to increase their employment opportunities. However, a survey done by International Organization for Migration (IOM) and CARE International indicated that three-quarters of IDPs in Khartoum were unemployed, with 44 percent having received no formal education. Over half of them were under 20 years old. (www.idpproject.org) These young people often end up on the streets, with few marketable skills and no traditional support structure to provide for their needs.

A testimony from one of the boys:

“M.J. explains how he ended up on the streets before he was taken in at Operation Mercy’s Live in Centre: “I came from Kosti, from a small village. I used to fight with the boys there and led a wrong kind of life. The women used to call after me that I was a crazy boy, so I started to fight with them too. Then they told the chief that I was very bad and crazy, so the chief gave me 15 lashes. My parents did not say anything to the people about calling me names or try to help me when the chief lashed me. So, I decided to run away and live on the streets.” M.J.’s story continues as he describes the conditions of street living: “I found some friends on the street and they taught me to take alcohol, glue and cigarettes. I liked that because it made me feel better sometimes. I was robbing people and my life was very complicated. I was always afraid and running. I was often hungry and sick and had no comfort from anyone. I wanted to go back to my parents but I was so afraid.” M.J. also ended up in prison several times and was beaten by the police.

One night M.J. was looking for a place to sleep on the streets. “I wandered around not knowing where to sleep and then I found the boys’ centre. They opened a door for me and offered to be my friends and brothers. I used to still take cigarettes and glue. I became so sick and my teacher was trying to tell me to stop sniffing glue. I stopped taking glue and alcohol, and the teachers helped me, but I kept the cigarettes. I was always thinking my life was bad, and I wanted to destroy myself, but I found that maybe life could be good at the centre, but still I was afraid. Through the love and concern of the staff at the center and the other boys I have hope and I am now working at the centre. I teach the older boys metalwork. I am so grateful for the opportunity which the center has given me.”