



JAGRUTHI

Annual Report

April 2011 to March - 2012

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About Organization

Jagruthi came into being in 1995 with a primary and preferential option to undertake development interventions predominantly to benefit vulnerable community in and around Bangalore. In the incipient phase, the major focus of the organization was to address the growing STD/STI/HIV/AIDS infections among children, women, transsexuals, transgender and bisexuals. As time passed by preventing and protecting each segment of the population from sexual exploitation and empower them to protect from sexually transmitted infections became the major development agenda.

Trafficked children (domestic work, sex work, child labourers, illegal adoption, begging), children vulnerable to sexual exploitation and engaged in commercial sex work, HIV positive and children orphaned by AIDS, sexually exploited women and those engaged in commercial sex work and transsexuals such as transvestites, transgender, Hijras and bisexual males are the primary stakeholders of Jagruthi's development intervention. Rescue, rehabilitation and repatriation were our process of intervention to address the challenging issues of the vulnerable children.

❖ **Field-based Intervention**

- a. Identify, rescue, and rehabilitate children who are in vulnerable situations
- b. Provide pre-school for vulnerable children.
- c. Operate a male sexual health clinic.
- d. Organize and undertake a young people's initiative to educate adolescents and youth about sexual and general health, and responsible behavior in general
- e. Provide programmes for skills development for vulnerable women.
- f. Provide awareness programmes via education sessions, street play and medical camps for the general public and more importantly for sex workers.

❖ **Home-based: Home Care Centre (HCC)**

Rescue and rehabilitation: Vulnerable children (including pregnant teens) identified in the field are motivated to join our Home Care Centre (HCC). Here we provide shelter, education, and medical treatment including antenatal and postnatal care to the pregnant and lactating teens.

❖ **We work in close collaboration with:**

- Local community and civic leaders
- Police
- Peers from the sex work community
- Government agencies
- Non-government organizations.

JAGRUTHI'S VISION

Our vision is of a world where every child is protected and enjoys his or her rights; and leads a value-based life

JAGRUTHI'S MISSION

JAGRUTHI exists to protect children and their rights through a process of community education, motivation and action, neutralizing the influences that could deprive program participants of safe childhood, upholding their right to dignity and self-esteem and ensuring that they will not be subjected to any form of discrimination and be safeguarded from all forms of exploitation in the best traditions of transparency and accountability.

I. Home Care Centre (HCC)

This programme primarily aims at providing various services to rehabilitate children who have been rescued from sex work and some of whom who are HIV+. The types of services offered are:

- Food and shelter.
- Medical care, psychiatric and counseling support.
- Life Skill Development Programmes and Bridge
- Course to prepare them for mainstream schooling.
- Attempting to reintegrate them with the mainstream society.

1. *New admission:*

5 girls and 2 boys were admitted to Home Care Centre (HCC) in the year of 2011 to 12. They were referred from the field by NGOs and other institutions.

2. *Skill Development Programme:*

Children learn to embroidery and Zardosi. 13 children are attending therapeutic skills training.

3. *Celebrations:*

Festivals of all three major religions (Hinduism, Christianity, and Islam) are celebrated at the HCC. As with every year, we celebrated Sankranthi, Shivarathri, Ugadi, Independence Day, Ganesha Chaturthi, Dasara, Deepavali, and Christmas. Special dishes were served on these days. With the help of the staff, the children put together and enjoyed cultural programmes.

Table 1: Medical conditions treated during this year.

Wheezing problem (3)	Fever (60)
Ear infection (7)	Cold (69)
Fungal infection (15)	Chicken pox (4)
Vomiting (9)	Scabies (6)
Skin infection (36)	Diarrhea (10)
Herpes (6)	Tuberculosis (3)

4. *Education:*

a. **Regular school (Formal Education):**

Totally, 49 children have attended regular school/college:

- 3 in pre-primary school
- 22 in primary school
- 17 in secondary school
- 6 in Montessori Teachers Training Course
- 1 in studying in University Course

b. **Bridge Course (Non formal Education):**

The Bridge Course helps children equip themselves with academic, social, life, and other skills to join mainstream schooling at a suitable level. 13 children attended the bridge course. 3 Young Girls are studying in studying university course through Distance Education

Totally 16 children have attended the bridge course.

- 3 in pre-primary
- 3 in Basic Education
- 3 in Primary school
- 4 in secondary school
- 3 in Distance Education

Table 1 gives Number of children Medical conditions treated during this year.

c. **Academic results (academic year 2011-2012):**

During academic (school) year 2011–2012, 54 children attended regular school/collage. 13 children attended bridge course, a private tuitions organized by Jagruthi.

Totally, 58 children completed their exams successfully in both regular school/college and the Bridge Course (13 students). They were promoted to the next class.

Four children appeared for 10th (SSLC Board) examination in April 2012, 1 Girl got 1st class, 1 girl got 2nd class and 2 girls are pass class.

Table 2 gives an overview of the population of the HCC.

d. Playschool:

The playschool provides a safe and nurturing environment for children to enjoy as much of their childhood as possible. Here, they receive good nutrition and learn social, life, and academic skills. Four children attended the playschool.

5. Reintegration:

After admission to the shelter, a child gets medical care and treatment, counseling, and educational support. Simultaneously we also try to locate child's family. If the family is found, counseling sessions are held with both family members and the child so that reintegration and readjustment are smoothly ensured. If conditions are suitable and favorable to the child, then the child is re-integrated with the family. The entire process is child-centric. 5 children were re-integrated with their families.

6. Hospitalization:

6 children had been hospitalized, 4 children treated for opportunistic infection who were found to be HIV+ and they are diagnosed for tuberculosis. The other child was treated for abscesses.

7. Obituary (Amala):

Amala (name changed) was HIV+, speech and hearing impaired. She was admitted to KIMS Hospital as she had Respiratory problems & Pneumonia. She died on 17th September 2012 of respiratory paralysis. She was cremated at Wilson Garden Cremation Center. Staff from Jagruthi attended the cremation.

8. Case Study 1: Jaya

JAYA come to Jagruthi when she was 8 years old. She hails from Hubli one of the big cities of Karnataka. Father Suresh was working as a helper in a hotel. Mother Mahadevi was a commercial sex worker. She died due to TB (Tuberculosis) and AIDS. Jaya's younger brother (Narayana) died due to HIV/AIDS. Jaya completed her education till 3rd at Hubli. After few months her father sent Jaya to her relative's house in Mumbai to continue her further education. The relatives did not send her to school instead they send her as housemaid servant to the houses nearby. After some times, knowing the truth about his child condition, he took her back to Hubli. Later Jaya's father and brother who were HIV positive were getting fever constantly. So they went to Bangalore for further treatment and hospitalization. After some time both of them died. The community came to know that the entire family was vanished due to HIV/AIDS. There no one to support Jaya discriminated her. Due to HIV infection, Jaya also got fever and she needed hospitalization. She was admitted in one of the Hospice Care Center called Freedom foundation. After treatment freedom foundation referred Jaya to Jagruthi Care Center. Here she was admitted in to Home Care Center where she continued her studies and she

Table 2: HCC population at a glance (2012)

Particulars		Children
Total number of children receiving residential care at HCC		81
New admissions	From the field	3
	Referred from other NGOs/parents/volunteers	4
Children returned to HCC after rehabilitation/ reintegration		0
Children reintegrated with their families		6
Children referred to other NGOs		3
Teen mothers		2
HIV+ children		28
Children in various education/training		7
• Playschool		5
• Primary school		22
• Secondary school		17
• Bridge Course		13
• Therapeutic Skill Course		9
Children who died of AIDS		1

was completed her 10th standard public exam. Presently she is doing one year Montessori Teachers Training Course. She is attained regular medical check-up, her CD4 test count is 399.

9. Photo gallery – Home Care Centre



Drawing Session



Environment Education from Volunteer Rebeka (USA)



Extra-Curricular activities



Independence Day Celebration



Group Interactive session



KNH Visitor Mr. Denker Interacting with Children



Medical Check-up



Tuition Time



Skill Development Course - Tailoring Class



Skill Development Course – Embroidery Class

II. Crèche and playschool

Many sex workers take their children along when going for sex work. This puts the children in an unsafe and unhealthy environment. The psychological impacts of these are far-reaching and manifest in many ways as the children grow up. In our experience, many of these children – both boys and girls -- themselves end up in sex work and/or substance dependence as they grow.

To prevent this we have started a crèche and playschool in two localities of Bangalore: Shivajinagar and Kalasipalya.

In this programme children of sex workers are sheltered from morning to evening. We initiate the children's interest towards education. We also try to get the parents to see the value of such an education for the children. We do this in a safe and friendly environment

The day begins with a prayer at 9.30 a.m. after all the children enter the crèche /playschool. Then, they learn to identify alphabets and numbers. They are also taught to improve reading and writing skills in Kannada and English, reciting rhymes in both languages, and are engaged in varieties of activities with teaching learning materials. The children also enjoy the colorful conversational charts, drawing, craft, physical exercises, and general knowledge.

Table 3: Crèche/Playschool population at a glance

Level	No. of boys	No. of girls	Total
Nursery	76	74	150
LKG	12	17	29
UKG	04	09	13
Total	92	100	192

Children are given porridge made of green gram (lentils)¹, ragi², and milk during the morning break. Lunch is served at 12.30 p.m. At tea-time, 4pm, milk and snacks are provided before their parents pick them up. Regular medical care and hygiene are provided in-house. If a child hasn't had a bath in his/her home, the play-school helper bathes the child and clothes him/her in clean clothes. Thus none of the children is untidy in class. The total capacity of the early learning centre is children. However, the actual attendance varies with festival seasons, market days, and other such occasions. It also varies due to people's migration from nearby villages and towns for labor, commerce, etc.

Over 108 children have been provided food, education and medical support. Regular parents and teachers meeting is conducted and medical facilities and services are provided. What is so important about this programme is that the children acquire development milestones – cognitive skills, language skill, gross motor skills, fine-motor skills, social, creative and aesthetic skill.

In this academic totally 191 children availed pre- primary school education, among this 88 children newly admitted to our pre-school.

¹ Good sources of vegetable proteins

² "Finger millet", in English

We are happy to note that the success of the project. During this year 68 children above age 6 enrolled in the 1st standard at a nearby school for further studies. Our field staffs continue to monitor these children. This outcome and success was possible with motivation and interaction with parents by the project staff.

1. Medical Care:

The families are from below poverty line living on the streets and in slums. They cannot afford medical treatment for their children. These children are provided free, periodic medical check-ups and care at the crèche/playschool.

When the parents come to collect their children, the staff members tell the parents about any prescribed medication and the dosages. This contributes to the children's health care. During parent-teachers' meetings, our doctor provides the parents also free medical check-up and information about sex and sexuality, STI, HIV/AIDS, general and sexual health, general hygiene, behavioral change, and de-addiction.

2. Events at both the locations

Parents meeting: - Every quarter play school staff conducting parents meeting, from Jagruthi Project coordinator, school staff and Doctor participating in this meeting.

Explained to all about stretcher of play school, admission rules, mines people under poverty collie, cobblers and road said wanders in the community.

Doctor explained about parents and children's health and personal hygiene, Jagruthi clinic, parents who are having health problems they are accessing the treatment.

Teachers discussing about long absent, children's health problems, school timings because most of the children late coming, and parents give to children eatable things, and other related issue, staff co operations, and picnic.

Independence Day was celebrated on 15 August 2011; teachers explained the importance of the day to the children. Children performed cultural programmes trained by the teachers at the playschool. Children were dressed up as various freedom fighters and national leaders. Everyone enjoyed the programme and at the end of the programme sweets and snacks were distributed to the children.

Children's day (which marks the birthday of India's first Prime Minister) was celebrated on 14 November 2012. After cultural activities were performed by the children, sweets were distributed to the children.

Picnic: Children were taken to Corporation Park children sports ground for children with a lot of space and games available for children. It was a half-day outing. The children thoroughly enjoyed the picnic.

Christmas was celebrated with brief dramatization of the birth of Christ. Christmas hymns were sung. Balloons, cakes and sweets were distributed to the parents and children. Everyone enjoyed the celebration.

3. Case Study 2: Keethika

Name of the child: Keerthika

Date of birth : 03.09.2009

Father name : Murugan

Occupation : Hotel server

Mother name : Bhavani

Occupation : House keeping

Address : # 03, Papanna garden, Kalasipalya, Bangalore.

Keerthika is 3 yrs old, studying in pre-nursery in our school. Her father is a server in a hotel and her mother does house work. She has 2 elder sisters, who are 8 and 6 years old and studying in the corporation school. Her mother married Mohan before she did Murugan, as her first husband. She had

2 children with him and now they are with their grandparents in Tamil Nadu. Her parents had requested admission in our school as they could not pay the fees in private school. When she was admitted to our school she preferred to be on her own and did not communicate much. She hardly spoke to the other children or the teacher. She started talking after constant interaction and also participated in the Independence Day celebrations as Indiragandhi. Before admission she used to have frequent illness because of worm infection and malnutrition but periodical medical treatment for worm infection, oral vitamin suspension, and regular health checkup and with nutritional supplement her health has improved.

4. Photo gallery – Crèche /Playhouse



Learning Time



Learning Time



Recreation Time



Drawing session



Independence Day Celebration



Picnic Time



Picnic Time



Parents Meeting



Porridge Time



Christmas celebration



Medical Check-up



Prayer Time

III. Project for commercially and sexually exploited women

1. Profile of the target community:

Women in this group who are into sex work normally work as flower vendors, construction workers, daily wages, house maids, sweepers, beggars, etc. and might get clients. A majority of them are also addicted to *pan parag*³, smoking, and alcohol.

This is a field-based project.

2. Field strategy:

Our trained field staff visit several target areas (e.g., City Market, Majestic, Central Railway Station) regularly to identify the women who are at risk and motivate them to use protective measures during sex work. They are also referred to avail the treatment for STI and TB or any other ailments. The field staff visits the target area regularly to establish rapport with the community leaders and organize group discussions. Our trained counselors facilitate these sessions. (Details are provided later in this report under Medical Support section).

Table 4: Field data at a glance

Data from field from January to December 2012	Street	Slum	Total
New female children identified in the field	132	725	857
Follow up female children identified in the field	77	265	342
Female availed medical services	79	466	545
Follow up female availed medical services	34	158	192
S T I cases	28	100	128
Referred to blood test for HIV	30	132	162
Under went blood test	19	79	98
HIV+ve	02	0	02
HIV-ve	17	65	82
Counseling	110	625	735
General health problem	12	135	147
HIV+ve follow up	07	17	24
White discharge	64	196	260
Skin infection	14	67	81
Teen pregnancy	01	03	04
TB	02	02	04
Referred to other NGOs	01	0	01

3. Counseling:

At our clinic, trained counselors explain the adverse effects of sex work, and the importance of correct and consistent use of condoms. Then the counselors refer the women for tests (STI, HIV and TB). During the counseling session, if a woman found to be less than 18 year of age, we refer them for rehabilitation at our Home Care Centre (HCC).

Follow-up counseling is also provided where necessary, referrals to medical care organizations, hospitals, and other appropriate facilities are provided.

To reach the expected outcome the following activities are undertaken.

A. Preventive counseling

- ❖ Information on STI, HIV, modes of transmission, and prevention strategies (using flip charts, pamphlets, and other IEC materials)
- ❖ ABC concept (A–Abstinence, B–Be faithful to single partner, C–condom use)
- ❖ Information about STI
- ❖ Information about de-addiction

a. Pre-test counseling

- ❖ Information on STI, HIV, modes of transmission, and prevention strategies (using flip charts, pamphlets, and other IEC materials)
- ❖ ABC concept (A–Abstinence, B–Be faithful to single partner, C–condom use)

³ A mixture of areca nut and other narcotic substances, easily available in most shops at cheap prices.

- ❖ Motivation to get tested for STI
- ❖ Encourage clients to bring their partners also for pre-test counseling and testing.
- ❖ Motivate the individual to undergo blood test for HIV
- ❖ Discussion about the possible outcome of the blood test for HIV.
- ❖ Stress management
- ❖ Information and counseling about de-addiction in case of substance
- ❖ Importance of follow up.

b. Post-test counseling

✓ If tested positive

- ❖ Emotional support to the individual
- ❖ Referrals (as appropriate)
- ❖ To ART centers CD4 test, ART and for further assistance
- ❖ To care and support centers
- ❖ Motivate them to get partner(s) to undergo a blood test
- ❖ De-addiction in the case of substance dependence
- ❖ Motivate for regular follow-up

✓ If tested negative

- ❖ Information on STI, HIV, modes of transmission, and prevention strategies
- ❖ Using flip charts, pamphlets, and other IEC materials)
- ❖ ABC concept (A–Abstinence, B–Be faithful to single partner, C–condom use)
- ❖ Immediate, full and complete treatment in case of STI
- ❖ Motivate them for follow-up after three months
- ❖ Counseling on safer sex behavior / behavior change.
- ❖ Follow-up

4. Medical Care:

We provide free medical treatment to all those who visit the clinic with health problems. Children, women and men come with complaints of decreased appetite, white patches, vaginal discharge, genital ulcers, herpes, warts, fungal infections, various skin infections etc.

Many live in unhygienic conditions and have unsafe sex with multiple partners. A few of them are also dependent on substance such alcohol, whitener, hans (tobacco leaf mixed with lime and other ingredients for chewing), ganja (marijuana) etc. these addiction also make them vulnerable to unsafe sexual practice.

Those who need specialized care and treatment are referred to diagnostic centers and hospitals for further investigations, and also to care and support centers. In case of any addiction, they are referred to a de-addiction centre. If the client lives on the street and has no care-providers, then the field staff continue follow-up.

Most of the female patients are reluctant to discuss their sexual health. Spousal (husband/partner) care is also part of our treatment. Therefore we advise the women to bring their spouses/partners along so that partner counseling and treatment to prevent repeated infection. We have observed that partners/husbands are very reluctant to avail the treatment. We persist in trying to motivate them also to undergo counseling and testing.

5. Teen Pregnancies:

Our field staffs come across many pregnant teens in the field. These teens do not undergo pre-natal tests due to economic reasons, family background, and lack of awareness/knowledge. The teens who visit the clinic appear to be generally both malnourished ⁴ and under-nourished ⁵ due to poverty. Therefore, we provide appropriate supplements (e.g.: vitamin and calcium tablets) along with food.

6. Referrals to various care centers for treatment and care:

We provide referral services for those who need further medical treatment. Sometimes the individual opts to stay on the streets even after counseling and referral to an appropriate facility. In the case of women (girls) below the age of 18, if they are also HIV+ we counsel and motivate to join our home care center.

⁴ Undernourishment - not getting a sufficient amount of calories from food

⁵ Malnourishment – not getting enough quantities of certain chemical nutrients such as proteins and vitamins

7. Case study 3: Thaseena

Name: Thaseena

Age: 24 Yrs

Education: 4th Standard

Occupation: Sex work and Beggar

Marital Status: Separated

Thaseena who is 25 years old is living on the streets in Shivajinagar along with her 5 year old son. She got married twice and was abandoned by both husbands. Presently she is sustaining herself by begging and indulging in sex work for her livelihood.

Thaseena was born into a poor family, her parents being rag pickers who lived in a hut in Coles Park. Her father had 2 wives and her mother, Marimuthu was the 2nd wife. Now the father is living with his first wife in Koramangala. Thaseena has an elder brother and sister and also a younger sister. Thaseena's mother used to consume alcohol regularly and was not taking care of her children properly. When Thaseena was four years old one of the organizations called "ASHA DEEP", which is located in Queens Road, approached her mother and asked her to admit her child there as she was unable to take care of her or educate her. Asha Deep is working for the street and vulnerable female children in the field of health and education. A few days later she agreed to admit only Kavitha, as her first son and older daughter were helping her in rag picking while the little baby girl was still being breast fed. While Kavitha was in Asha deep she became close friends with Mahadevi and shared all her feelings with her. During her stay here she studied up to the fourth Std and visiting her house often. One day they planned to run away from here so that they could live as they wished with no one telling them what to do. They escaped from here the very next day and went to Cantonment Railway station which was nearby. They boarded a train and got down at the following stop which was K R Puram. They begged for food and alms at the station and the bus stop, and soon befriended a few boys who were rag picking near this area.

These boys were addicted to substance abuse like thinner, whitener, ganja and alcohol and because of peer pressure she also got addicted to this stuff. A few months later the boys tried to molest her and demanded that she have sex with them but she refused and managed to escape from there. She came back to her house a week later; while she was here she worked in Rhodes Company which is located in Majestic. Mustak who worked in a chicken shop next to Rhodes company was a small time thief and used to eye at her whenever she passed by his shop. She didn't know about his burglary activities and soon they fell in love. They married when she was fourteen and had 3 children.

Mustak was caught for theft and put in jail. His friend Irshad, who was an auto driver used to visit Thaseena often and knew her financial status. He offered her financial assistance with the motive of having sex with her. Mustak learnt of this affair and took the children away from her. She had a male child during her affair with Irshad and their affair continued until he got married. After this affair was ended by Irshad, Thaseena got into sex work, lived on the street and got into substance abuse once again.

One day our field staff identified her and brought her to our clinic. When she came to us she was 5 months pregnant, anemic and had white discharge. She had never gone for a checkup during this period. She was consuming alcohol and chewing tobacco. She and her son had fever and cough for two weeks. She was counseled on HIV/AIDS, STI, and personal hygiene and was motivated to have regular check-ups at our clinic. Our Doctor prescribed antibiotics and referred her to VDRL, PPTCT and RNTCP tests. She underwent blood tests for HIV and VDRL at GHOSHS hospital and also had her sputum test for TB at Broadway TB hospital. The result was non-reactive for HIV and reactive for VDRL and TB. She was put on DOTS in Broadway TB hospital and the doctor advised her not to take penicillin as treatment for syphilis as she was pregnant. She also underwent a scan. We referred her son for RNTCP too as he might have been infected with TB. The Montoux test has been done and he too was positive for TB. He is also on DOTS at same centre. Now she undergoes regular check-ups with us.

8. Photo Gallery



Patients waiting for Counselling & Medical Check-up



Counselling Session



Medical Check-up



Visitors from KNH Germany & CCCYC Bangalore

IV. Men's sexual health programme

Sexual health clinic

1. Counseling:

Using flip charts, counseling is provided to all the men who come for a medical check-up. A preventive counseling session is conducted for the patient. The topics covered include sexual behavior change, how to prevent STIs, skin infections, and HIV.

Men who show high-risk behavior and who have symptoms of STI get pre-test counseling including information on HIV and STI, blood test for HIV, and about the results of the tests. Here, too, flip charts are used. Also, a condom demonstration is given.

Once the blood test result is obtained, post-test counseling is given. If the result is negative, they are informed about the window period and asked to repeat the test after three months, and advised them to practice safe sex. If the result is positive, necessary emotional and psychological support is provided. The person is referred for a CD4 count test. They are also linked to an ART center and a network of people living with HIV.

Many youngsters are misguided by their peers when it comes to sexual health. They end up experimenting and exposing themselves to STI and HIV. Due to peer pressure they engage in sex with multiple partners, male-male activity is also common among the group. Most of them, though they know that unsafe sexual practices could be risky, still take it lightly, thus becoming vulnerable to infection.

After receiving counseling on safe sex practices, many do attempt to change their behavior and also motivate their friends to avail services at the clinic.

2. Medical Care:

The doctor gives a medical check to all the men who visit the clinic. Men visit the clinic with problems relating to general and sexual health. As appropriate, free medication is provided for STI problems, referrals are made for blood test for HIV.

Referrals to other testing centers are given to patients who show symptoms of Leprosy, T.B, or other chronic infections which need specialized treatment and care.

3. De-addiction:

Many of the men visiting the clinic are rag pickers, bar benders, mechanics, tile setters, masons, plumbers, painters, hotel boys, or unemployed. They tend to get influenced by their peers and consume alcohol and substances like ganja, tobacco, pan masala⁶, beedi (a local cigarette), whitener, petrol, and kerosene. They find these in many petty shops at easily affordable prices. This also means that there is no money left for any kind of savings.

Boys who are addicted receive sessions of de-addiction counseling. If they indicate that they want to de-addict themselves, then they are sent to centers like National Institute of Mental Health and Neurosciences (NIMHANS), Treatment for Rehabilitation, Education and Drug Abuse (TREDA), New Life, etc. and also motivated to take part in Alcoholics Anonymous (AA) meetings to help themselves and their family.

4. Referral Services:

Referral services are provided for those who need further medical treatment or have no care takers to follow up on their medical regimen. If a client has no care and support system available, he is counseled to go to an appropriate care centre and is also give a referral to such a place

5. Case study 4:

Name : Karthik (Munna)
Age : 21 Years
Occupation : Daily Wager (Coolie)
Marital Status: Single
Address : # 55, 3rd Cross, Heggade Nagar.

Table 5: Types of visitors and services offered at the clinic

Category	Street	Slum	Total
New	216	336	552
Follow up	116	188	304
Total new availed medical service	110	210	320
Total Follow up availed medical service	69	116	185
Skin	41	90	131
STI	40	125	165
TB	01	01	02
Counseling	171	306	477
General problems	38	54	92
Referred to blood test for HIV	58	110	168
Underwent blood test	36	69	105
HIV +ve	0	06	06
HIV – ve	36	63	99
Addicted to tobacco and smoking	120	173	293
Addicted to alcohol and substances	114	190	304

Karthik was found at the Shivajinagar bus stop. He is 20 years of age and is living with his sister, and earns his living as a daily wager by working as a coolie. His parents were also doing coolie work and they lived in Ulsoor. He lost his mother when he was just 3 years old. His older brother and sister were rag pickers. He studied till the 9th std. at the government Telugu school but gave up as he was not interested in studies.

One day a camel keeper came to their locality and all the children were going for camel rides for 10 rupees each. He also wanted to ride but had no money with him. The camel keeper rejected his plea for a free ride and moved on. Even though he had said no, Karthik followed him and managed to get a free ride. The camel keeper asked him to come with him later which he accepted. He went to Rajasthan along with him and stayed there for 2 years. He came back later along with his owner.

He lived in Hebbal where he befriended Karthik who was a thief by profession and also a substance abuser. There were 6 other youths along with him and they all indulged in nefarious activities. Meanwhile he also started substance abuse and practiced unsafe sex with unknown partners. One day the police detained their gang for a theft case for which he served 2 years in prison as there was no one to bail out him. He was taught about peace, nonviolence and good deeds by a pastor in prison.

⁶ Similar to pan parag described earlier.

This made an impact on him and he made a resolution that he would never steal or do illegal things again. He went to his sister's house after he got out of jail. Now he is staying with his sister and working as a shop keeper in Russell market in Shivajinagar. He has not given up unsafe sex even though he gave up stealing and used to indulge in unsafe sexual contact with sex workers. He is ignorant about HIV/AIDS and STIs and never underwent a blood test for the same. Our counselor educated him about HIV, STIs, safe sex and referred him for a blood test. He underwent a blood test in Bowring hospital and the result was negative for both.

6. Photo Gallery:



Counselling Session



Counselling Session



Staff Meeting



Clients referred by field staff for Family Counselling & Medical check-up

V. Community Development programs for Doddigunta slum

Doddigunta area is one of the biggest slums located in Bangalore city. It comes under ward No 79 Sarvagnanagara. The total population in this area is 34943 (17879 male and 17064 female). Most of the people in this area speak in Tamil. Majority of them are carpenters, drivers, daily wagers, house maids, construction worker and garment workers. Most of them are unemployed due to deviants and are involved in anti-social elements.

Poverty is one of the most fundamental causes of the many issues in the proposed operational area. This combines with low levels of awareness about child safety issues among adults who are in some sort of care-giving role. In combination, this leads to situations where children become vulnerable to many dangers such as commercial and sexual exploitation, abuse, disease and addictions. We see childhood as an age of innocence. Children depend on adult care-givers for a variety of needs such as physical and psychological health and safety, food, shelter, love, and safe physical contact to nurture them. Children also have openness to learning. They are playful and joyous. These are, together, what characterize childhood.

As these exploitative situations lead children to various forms of psychological and physical traumas, they lose their ability to trust adults. They lose faith in themselves, and lose self-esteem. When sexual abuse is involved they lose the ability to relate to others in non-sexual and social terms. As a result of this damage to their bodies and their psyches, children end up with addictions, loss of appetite, lack of interest in self-care etc. In turn, they

suffer psychological maladjustment, and malnourishment. These contribute to children's loss of interest in socio-economic and self-development.

The loss of their childhood presses them to "grow up" more rapidly than they can to deal with an adult world that they are not equipped to navigate. This leads to not just loss of opportunities, but to loss of self-hood. We see this as a tragic violation of a child's right to her/his childhood. Children are deprived of childhood development. The illiterate parents are ignorant about the child development. Children between 3 to 6 years have no access to early childhood learning opportunities in the proposed operational villages. Indisputably children have been missing their childhood and basic education. Involvement of parents in education and development of the children is also virtually lacking.

The primary stakeholders, many of them who are into sex work also work as flower vendors, construction workers, coolies, house maids, sweepers, beggars etc. Some of them are also found to be addicted to substance abuse such as pan masala, smoking and even alcohol.

1. Play School / Crèche

We opened play school in the month of June 2011 in MEG school premises, our field staff visited each and every house explained our school and health care clinic, community people and stakeholder support our programme. In this academic totally 101 children availed pre- primary school education, among this 46 children newly admitted to our pre-school.

Table 6: Crèche/Playschool population at a glance

Level	No. of boys	No. of girls	Total
Nursery	26	23	49
LKG	15	16	31
UKG	11	10	21
Total	52	49	101

We are happy to note that the success of the project. During this year 41 children above age 6 enrolled in the 1st standard at a nearby school for further studies. Our field staffs continue to monitor these children. This outcome and success was possible with motivation and interaction with parents by the project staff.

2. Early Childhood Development for the children between 2 and half to 6 years

Jagruthi proposes to run a play school for at MEG School premises. Annually about 70 children within the age group of 2-6 years have been benefitted from this programme. All 70 children annually get good and quality pre-primary education and assisted for acquiring five development milestones recommended by (Indian Association for Pre-primary Education (IAPE). They avail childhood development and care for 8 hours per day and throughout the year except all Sundays. All 101 children attained 70-80% age appropriate competencies. Growth monitoring and grading, health status monitoring periodically organized so as to help the children attain balanced development and growth. Children were given supplementary nutrition in the morning (10 am), lunch and snacks at 3.30 pm.

3. Medical Care for Play School Children

Most of the families from Doddiguntta are from below poverty line residing at the slums; they are unable to afford medical treatment when their child needs medical care. Thus the child is deprived of medical attention. For such parents when free medical services are provided at the Doddiguntta crèche /playschool for the children they are very grateful for the services we offer.

The children are examined for any ailments by the medical doctor periodically. When the parents come to collect their children in the evening, the staff will explain about the prescribed medication and dosages. This not only helps the child to continue medication, but also helps the parents take extra care of their children and be more responsible and keep the children healthier.

4. Health Care Clinic for Community People

In the same place we started health care clinic for the sexual health and general health problems in the month of September 2011, we appointed doctor and 2 counsellors. An average monthly 100 to 120 patients visited. Here we are providing medical check-up, Counselling and referrals services.

5. Photo Gallery



Painting Session



Painting session



Medical Care – Pulse polio Drops



Recreation



Independence Day celebration - Dance Programme



Independence Day celebration – Fancy Dress

Conclusion

Jagruthi, keeping the vision, Mission and Goal in mind packed the whole year with full of programmes and activities to carry the children, women and youth entrusted under our care and support towards a bright future. This gives the full satisfaction of accomplishing the task God has given us to do and to serve those who are otherwise neglected or ignored in the society. Most of the children, women and youth are now in better position and lead a dignified life. We deeply thankful all the donors, well - wishers and philanthropists for their generous support and guidance throughout the year. We also thanked to all the visitors for their gracious visit and their encouragement. At this juncture we acknowledge our funding agencies for their support through their financial assistances and expertized ideas and suggestions.

Graciously Submitted by

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