JAGRUTHI

Annual Report

April 2013 to March - 2014

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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. Indentify, 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 2013. 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.

Table 1: Medical conditions treated during this year.

Wheezing problem (3)	Fever (44)
Ear infection (10)	Cold (51)
Fungal infection (21)	Chicken pox (7)
Vomiting (7)	Scabies (8)
Skin infection (27)	Diarrhea (13)
Herpes (4)	Tuberculosis (4)

3. Celebrations:

Festivals of all three major religions (Hinduism, Christianity, and Islam) are celebrated at the HCC. As with every year, we celebrated Sankranthi, Shivaraathri, 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.

4. Education:

a. Regular school (Formal Education):

Totally, 48 children have attended regular school/college:

- 5 in Pre Primary
- 22 in primary school
- 14 in secondary school
- 4 in Montessori Teachers Training Course
- 1 in studying in University Course
- 2 Computer Training

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. 9 children attended the bridge course. 3 Young Girls are studying in studying university course through Distance Education

Totally16 children have attended the bridge course.

- 2 in pre-primary
- 2 in Basic Education
- 2 in Primary school
- 3 in secondary school

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

c. Academic results (academic year 2013-2014):

During academic (school) year 2012–2013, 47 children attended regular school/collage. 13 children attended bridge course, a private tuitions organized by Jagruthi.

Totally, 52 children completed their exams successfully in both regular school/college and the Bridge Course (13 students). They were promoted to the next class.
4 children appeared for 10th (SSLC Board) examination in April 2014.

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.

HCC population at a glance (Apr 13 to Mar 14)

Particulars		Children
Total number of children receiving residential care at HCC		**88**
New admissions	From the field	**2**
	Referred from other NGOs/parents/ volunteers	**11**
Children returned to HCC after rehabilitation/ reintegration		**01**
Children reintegrated with their families		**09**
Children referred to other NGOs		**04**
Teen mothers		**0**
HIV+ children		**28**
Children in various education/training		**11**
• Playschool		**10**
• Primary school		**22**
• Secondary school		**17**
• Bridge Course		**13**
• Therapeutic Skill Course		**11**
• Higher Education		**07**

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 (Bhavani):

We are sorry to report the sudden death of Bhavani who was just 8 year old and HIV+. She was under regular treatment and we took good care of her till her death. She had a peaceful death on 24th December 2013 of multiple organ failure. She was cremated by Wilson Garden cemetery. Staff from Jagruthi attended the cremation.

8. Case Study 1:Lavanya

LAVANYA is 4 year old child, her father (Bhaskar) and mother Ratna; both parents were bath room cleaners in Magestic. Her mother Ratna's native place is hosahalli chithradurga district. Her parents were cooli workers, one elder sister and one younger sister. She married a guy in her native place his name was Thimmanna. After a year he died due to tuberculosis. Then she left her 2 children with her parents come to Bangalore because she was having extra marital relation with her neighbored, parents know this and quarreled with then she run away from home and come to Magestic Bangalore she was started sex work and also begging in footpath. After 3 years she married 2nd time his name was Bhaskar, he was also bathroom cleaner in Megestic. Soon after she married him she also joined to clean the footpath bathroom. When she was pregnant her husband left her, at that time also she was begging by seeing that police referred her to Malleswarum government hospital (she gave birth to a

girl child<Lavanya>). Then police referred her to *Gurukula Hostel in Kengeri, Bangalore*, There she stayed for 6 months. After that she left the Hostel and came to Magestic along with her child. Then again she restarted her begging and sex work. On 15/10/2010 our Jagruthi field staff found her and brought to Jagruthi (Home Care Centre).but she stayed only one month in JHCC and was not interested to stay here, then we re-integrated her. She left her child in Jagruthi Center for further education and development.

Now in Jagruthi Home Care Center Lavanya is staying peacefully, staff and children are taking care of her. She is adjusting the environment of home care centre and she is attending bridge course class

9. Photo gallery – Home Care Centre

CCCYC Officials visiting the Vocation Training Center

Independence Day Celebration

Our children met First lady of Germany

Children ready to meet the first lady of Germany

Counselling session

Activity Time

Learning Time


Drawing session


Children playing out door games.


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

Table 2: Crèche/Playschool population at a glance

Level	No. of boys	No. of girls	Total
Nursery	42	29	71
LKG	21	19	40
UKG	15	05	20
Total	78	53	131

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.

Children are given porridge made of green gram (lentils)[1], ragi[2], 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.

[1] Good sources of vegetable proteins
[2] "Finger millet", in English

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 131 children availed pre- primary school education, among this 61 children newly admitted to our pre-school.

We are happy to note that the success of the project. During this year 84 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.

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.

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 2013; 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.

Case Study 2: Falkin Fathima

Falkin Fathima is a student of LKG in our school. She is just 4 years completed. She has been in our school since one year. She has an elder sister who is 8 years old girl and studying in 2nd standard. Her father is working in a timber yard at Bamboo Bazar, Shivajinagar and he is earning Rs. 5 thousand in a month. Falkin Fathima parents were got married 10 years ago and it was arranged marriage. The first 3 years of their married life was very pleasant, later her father is irregularly visits at home and was not giving money for his house maintenances. Some time he used to away for months together and Hannan Fathima, the mother didn't know where about of her husband. Whenever he comes home she didn't ask his where about so as so to avoid fight and punishment by him. It was difficult to maintain the family by whatever her husband gives. Slowly he stopped coming home. It was 2 years left after her husband disappeared and it was difficult to manage family. She doesn't have any support other than by her husband either by her husband family or her own family. So she decided to go to house maid work and managed to earn 2 thousand rupees in a month. She cannot offer education to her second daughter as her first daughter was studying in private school which hindering her savings and decided to not to send her to school. Once she got to know about our school through a parent of our school child and got admission for her child.

Falkin Fathima was very silent at school and not talking to either teacher or pupil. She used to sit always in a corner and not responding to teacher's question. After attending the classes regularly her attitude changed and she became active and recites all rhymes in front of the class. Our teachers give individual attention to children and they change their behaviour and they become very active and take active participation in all the programmes of our play school. The ultimate of our play school to prepare the children for their future education. Our counsellors gave parents counselling to Fathima's mother and now she has decided to come to our skill development to equip herself so that she can start working and live independently. Photo gallery – Crèche /Playhouse


Picnic Time


Learning Time


Recreation Time


Drawing session

Volunteers paint the school wall

Craft & Drawing Class

Painting Time

Parents Meeting

Learning Time

Parents Meeting

Medical Check-up

ANMs feed vitamin Syrup

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 indentify 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 3: Field data at a glance

Data from field from April 2013 to March 2014	Street	Slum	Total
New female children identified	144	618	762
Follow up female children identified	99	297	396
Female availed medical services	100	448	548
Female availed medical follow up services	46	156	202
S T I cases	32	99	131
Referred to blood test for HIV	43	109	152
Under went blood test	26	77	103
HIV+ve	2	5	7
HIV-ve	24	73	97
Counseling	157	604	761
General health problem	19	73	92
HIV+ve follow up	17	38	55
White discharge	71	241	312
Skin infection	15	56	71
Teen pregnancy	0	0	0
TB	0	5	5
Referred to other NGOs	2	3	5

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

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

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)
- ❖ 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.

7.Case study 3: Thaseena

8.Photo Gallery

Patients waiting for Counselling & Medical Check-up

Counselling Session

Staff Meeting

Counselling Session

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.

[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

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.

Table 4: Types of visitors and services offered at the clinic

Category	Street	Slum	Total
New	252	481	733
Follow up	87	175	262
Total new availed medical service	106	335	441
Total Follow up availed medical service	63	114	177
Skin	30	32	62
STI	27	65	92
TB	1	0	1
Counseling	146	385	531
General problems	31	84	115
Referred to blood test for HIV	42	91	133
Underwent blood test	21	68	89
HIV +ve	1	2	3
HIV – ve	20	66	86
Addicted to tobacco and smoking	69	152	221
Addicted to alcohol and substances	63	135	198

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 masala[6], 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
Addres : # 55, 3rd Cross, Heggade Nagar.

[6] Similar to pan parag described earlier.

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. 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


Staff orientation Programme

Family Counselling

Counselling Session

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, constriction 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 87 children availed pre- primary school education, among this 38 children newly admitted to our pre-school.

We are happy to note that the success of the project. During this year 31 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.

Table 6: Crèche/Playschool population at a glance

Level	No. of boys	No. of girls	Total
Nursery	18	20	**38**
LKG	15	14	**29**
UKG	09	11	**20**
Total	**42**	**45**	**87**

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*


Drawing Session


Craft learning session

Activity Time

Recreation

Parents Meeting

Picnic time

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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