JAGRUTHI

Annual Report

April 2014 to March - 2015

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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 to 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 embroidery and zardosi. 13 children are attending therapeutic skills training.

Table 1: Medical conditions treated during this year.

Wheezing problem (2)	Fever (38)
Ear infection (13)	Cold (43)
Fungal infection (19)	Chicken pox (4)
Vomiting (8)	Scabies (6)
Skin infection (19)	Diarrhea (9)
Herpes (5)	Tuberculosis (3)

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:

- 4 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

Totally 16 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 2014-2015):

During academic (school) year 2014–2015, 48 children attended regular school/college. 8 children attended bridge course, a private tuitions organized by Jagruthi.

Totally, 56 children completed their exams successfully in both regular school/college and the Bridge Course (8 students). They were promoted to the next class.
4 children appeared for 10th (SSLC Board) examination in April 2014. 2 children completed successfully 2nd class another 2 children failed, (one child by name, Shabreen was not interested to study and she was reintegrated and another child, Pooja is appearing for supplementary exam).

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		**95**
New admissions	From the field	**5**
	Referred from other NGOs/parents/ volunteers	**17**
Children returned to HCC after rehabilitation/ reintegration		**01**
Children reintegrated with their families		**19**
Children referred to other NGOs		**03**
Teen mothers		**0**
HIV+ children		**18**
Children in various education/training		**08**
• Playschool		**11**
• Primary school		**33**
• Secondary school		**15**
• Bridge Course		**08**
• Therapeutic Skill Course		**06**
• Higher Education		**04**

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 for 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. 19 children were re-integrated with their families.

6. Hospitalization:

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

7. Obituary (Bhavani):

We are sorry to report the sudden death of Bhavani who was just 8 years 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 at the Wilson Garden Cemetery. Staff from Jagruthi attended the cremation.

8. Case Study 1: Amoghan (Name changed)

Amoghan is a 12 year old orphan boy, referred by Shishu mandir on 1stoctober 2005. He was 2 years when he came to Jagruthi Home Care Centre and was extremely malnourished. He had partial hearing and could n't speak. His body was very weak and he couldn't walk without support, he was also HIV+VE.

Amogha was initially admitted to the Shishu mandir, Hubli, he was found at the Bijapur chowk police station, for further medical attention he was referred to KIMS, Hubli, where he was diagnosed as he was HIV+VE. After the diagnosis they decided to send him to Sishu mandir for further care. But at Sishu mandir, they found it difficult to take care of him, because he was too weak and was unable to drink milk. So they referred him to JAGRUTHI for further care and support (Treatment and Rehabilitation). When he joined

JAGRUTHI he was called Jagan, but he got another name called Amoghan. His name, Amoghan was first mentioned by the Director, Jagruthi. Amoghan was not getting cured, so Jagruthi HCC warden took him to a church thinking that he may be cured (St. John's) and his name was changed to Amoghan. Amoghan was like a half bodied boy, because the right side of his body was weak.

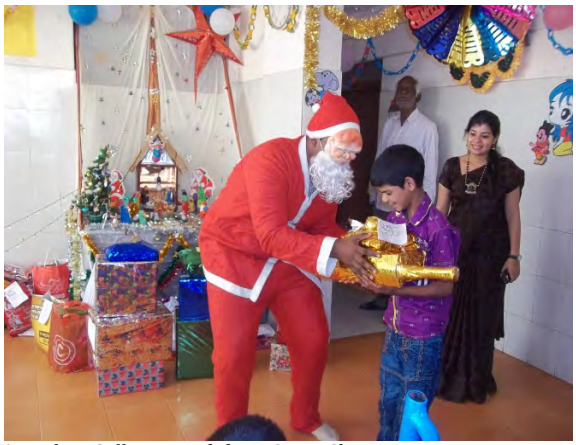
Amoghan behaved so different after he came to JHCC. He responded through actions because his vocal cord was not developed. He has no strength on his right hand and leg. Slowly he got back to normal food diet, his tablets got reduced but TB medicines were continued to every thrice in a week. Due to the medicinal reaction he developed fever, vomiting and he was also dull. He was admitted to St. John's hospital, in the medical checkup his weight was decreasing, the treating doctor was upset as it could be due to the reactions of the medicines. Amoghan was given BCG Injection. His condition was improving and his TB medicine stopped 4 months later. Amoghan was taken to Dr. Chandrasheker's Institute of Speech and Hearing for a Speech Therapy test done by Ms.Rohini.

Amoghan is studying 5th std at Gnana Prakasham School. Now he is studying well, understands and cooperates with the staff, teachers and the children. At present, Amoghan can carry small things by his right hand. He understands and behaves well in counseling sessions, he is taking ART medicines and his CD4 count was 1312.

9. Photo gallery – Home Care Centre

Formal school children

Education session on Learning skills



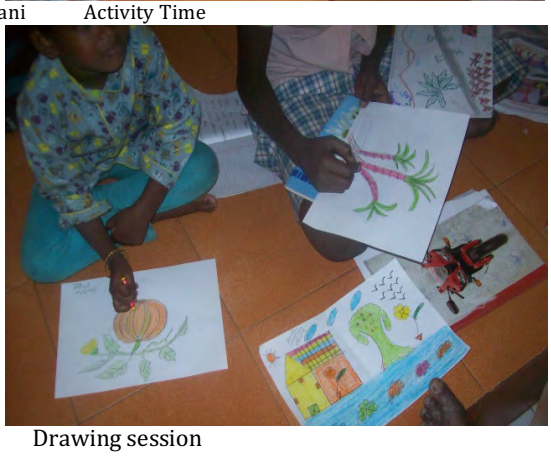
Amoghan Collecting gift from Santa Claus

Children playing out door games (Ko Ko)

Awareness on Menstrual Hygiene and Health from Makkala Sahayavani

Activity Time

Essay writing competition



Drawing session

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 it manifests 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	39	29	68
LKG	22	12	34
UKG	15	05	20
Total	76	46	122

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 variety of activities with 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 122 children have been provided food, education and medical support. Regular parents and teachers meetings are conducted; medical facilities and services are provided. What is so important about this programme is that the children acquire development milestones – cognitive skills, language skills, gross motor skills, fine-motor skills, social, creative and aesthetic skills.

In this academic year, 2014-15, totally 122 children availed pre- primary school education, among this 34 children were newly admitted to our pre-school.

We are happy to note that the success of the project. During this year 71 children, above age 6 were 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 parents meeting was conducted, Jagruthi Project Coordinator, school staff and Doctor participated in this meeting.

Explained to everyone about the structure of play school, about admission rules, people under poverty, coolies, cobblers and road side wanderers in the community.

Doctor explained about parents and children's health and personal hygiene.

Teachers discussed about long absenteeism, children's health problems, school timings because most of the children are late comers, what parents give to children- eatables and other related issues concerning their relationships, staff co-operation from the parent's end and picnic.

Independence Day was celebrated on 15 August 2015; 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 2015. After cultural activities were performed by the children, sweets were distributed to the children.

Picnic: Children were taken to Corporation Park. Sports ground for the children was provided 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. She has been in our school since one year. She has an elder sister who is 8 years old, studying in 2nd standard. Her father is working in a timber yard at Bamboo Bazar, Shivajinagar and he is earning Rs. 5 thousand, a month. Falkin Fathima parents 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 irregular to home and was not giving money for the household expenses. Sometimes he used to go away for months together and Hannan Fathima, the mother didn't know the whereabouts of her husband. Whenever he comes home she didn't ask about this as so to avoid fights with him. It was difficult to maintain the family with whatever her husband used to give. Slowly, he stopped coming home. It was 2 years that her husband never returned and it was difficult to manage the 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 could not afford to educate to her second daughter as her first daughter was studying in private school which was 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 , she got admission for her second child.

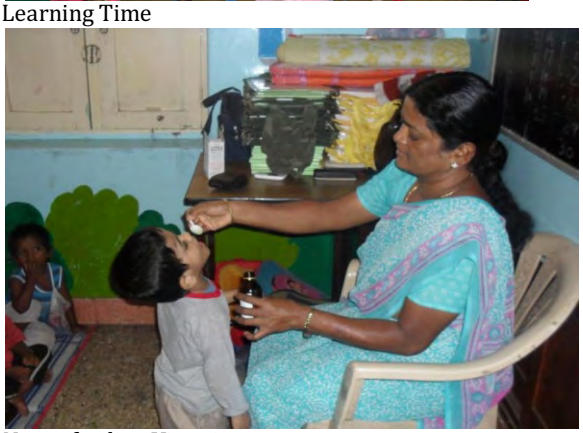
Falkin Fathima was very silent at school and does not talk much to the teachers or her friends. She used to sit always in a corner and was not responding to teacher's questions. After attending the classes regularly her attitude changed and she became active and now recites all rhymes in front of the class. Our teachers give individual attention to children and they are able to bring positive change in their behaviour and they become very active and take active participation in all the programmes of our play school. The ultimate aim of our play school is 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

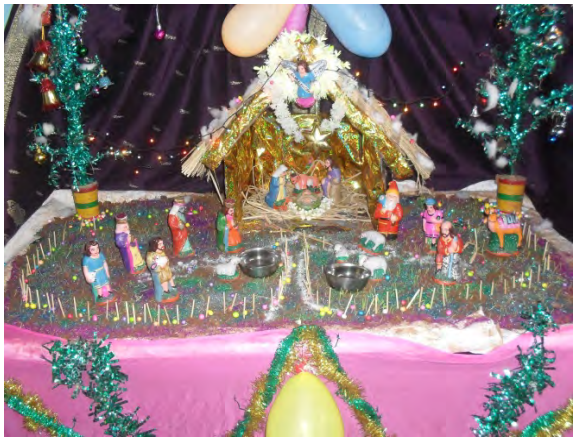
Children Completed preschool with Certificate

Learning Time

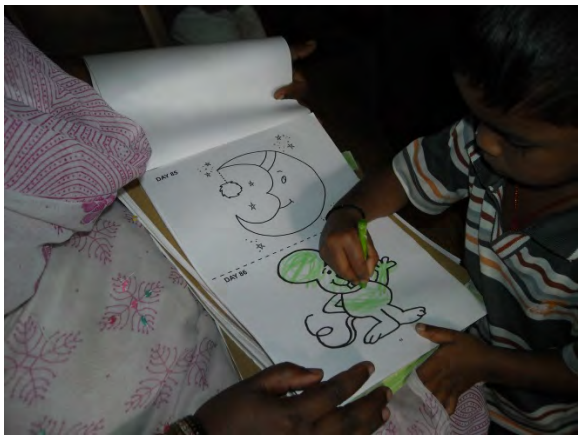
Independence Day celebration - Fancy Dress



Nurse feeding Vitamin syrup



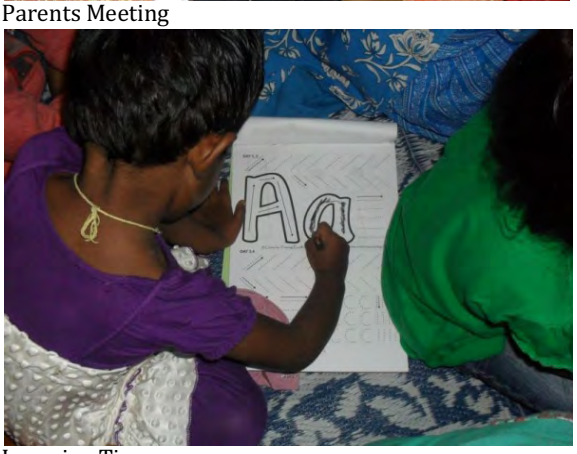
Christmas Celebration



Drawing session

Parents Meeting

Play school - staff meeting



Learning Time

Fancy Dress

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

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

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).

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.

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

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)
- ❖ 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, pamplets, 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 as 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 and under-nourished 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 them to join our Home Care Center.

Case study 3: Name: Faridha
Age: 24
Gender: Female
Marital status: Widowed
Occupation: Sex Work
Address: Near Muniswara Temple, Sarayi Playa, Nagavara, Bangalore

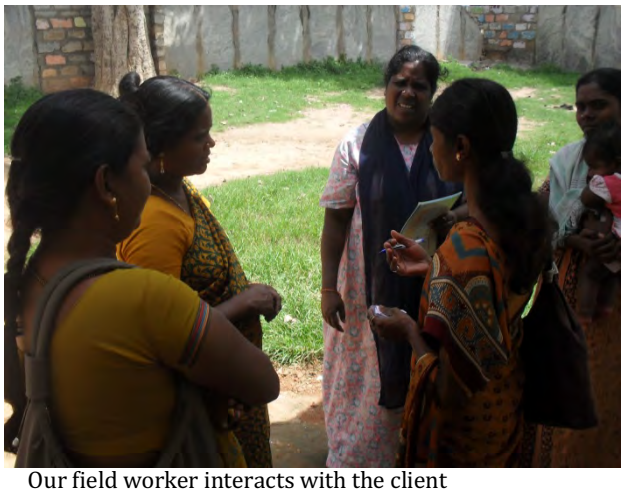
Farida , 24 year old lady, was identified by our field staff. She belongs to Hindu religion. She hails from Bangalore, but has not gone to school for studies. Her father and mother are doing odd jobs on daily wage basis. When she was very young, her father died. She is the only one daughter and her mother was looking after her. After some years, proposal for marriage came through her friend. The boy was a car driver.

She married him. After the marriage both were living along with her mother, as her husband had no family. They were leading a happy life and she give birth to a boy and later a girl. Unfortunately one day he met with an

car accident and both his legs got fractured. He needed Rs. 70 to 80 rupees daily for medicine. That time she borrowed money from her friends. One day her mother also became sick, she lost her sight and could not go for work. The situation became so difficult to maintain household that she explained her problems to a friend. At the pretext of helping her she took her to Majestic bus stand and introduced her to sex work.

From that time onwards she started to do sex work. She found that it was an easy way to earn money. In the beginning she was able to earn Rupees 500 to 800 per day. She did not tell about her work to anybody in her house. The Swati Mahila Sanga (Social Work Organization) field staff identified her. Farida took the help from the this organisation and she joined it. At same time her husband committed suicide as he was not able to bear his pain and also the mentally torture given by neighborhood. She told that she was not be able to do any other work so she had to continue in this field because she has to take care of her children. In the meanwhile she was identified by our field staff and she was brought to our clinic. The medical test revealed that Farida is HIV+ and we started treating her. She told her problem to the Jagruthi Counselor and counselling was provided. Now she is coming for regular treatment. Her children are attending school regularly. Our field staff is doing the necessary follow-up. The recent cd4 test result shows that her count is 1314 which is almost normal. Presently the entire family is thankful for the timely intervention by Jagruthi.

7. Photo Gallery



Our field worker interacts with the client

Counselling Session

Staff Meeting

Counselling Session - MSM

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 HIV negative, they are informed about the window period and asked to repeat the test after three months, and advise 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 to male activity is also common among the group. Most of them, though they know that unsafe sexual practices could be risky, still ignorant about it, 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 to detect HIV and other illnesses.

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 our clinic are rag pickers, bar tenders, mechanics, tile setters, masons, plumbers, painters, hotel boys or unemployed. They tend to get influenced by their peers and consume alcohol and use substances like ganja, tobacco, pan masala[4], 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 on 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 they are also motivated to take part in Alcoholics Anonymous (AA) meetings to help themselves and their family.

[4] Similar to pan parag described earlier.

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 referred to these centers.

5. Case study 4:

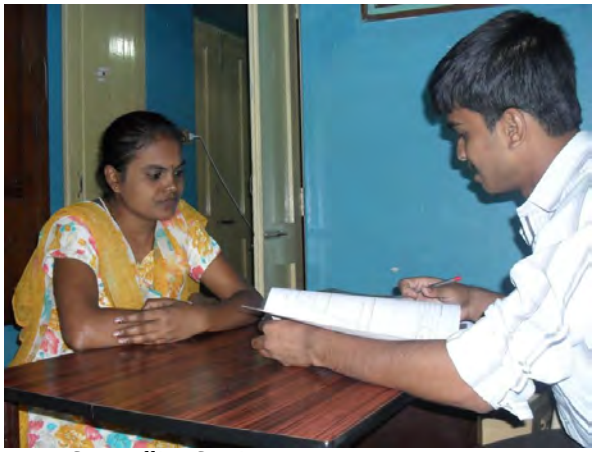
Name **:** Nanda Kumar
Age **:** 26 years
Education : PUC
Occupation : Indian railways
Address : Railway Quarters, Hubli.

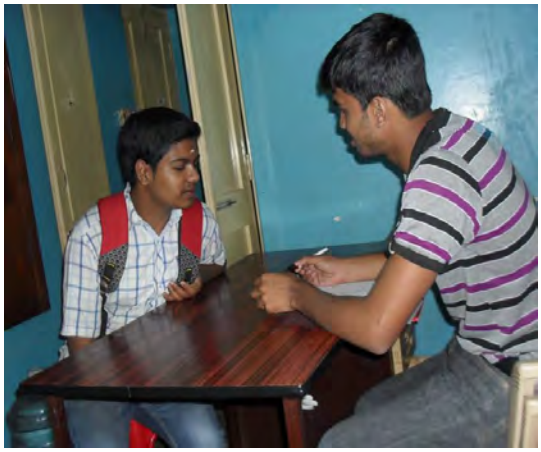
Nanda Kumar is a 26 years old and he is living with his mother Shanthamma in Hubli. He is working in Indian railways as a Guard. He is the only one child in the family, so he seemed to be pampered a lot. His father Shankar was an employee of Indian railways and he expired while in service 5 about years ago. Railway authorities offered a job to his mother on compensatory ground but she let her son to take up the job as he is educated up to pre university course, as he could get better position than her. So he joined and is working since 3 years.

During his school education time he was studying in a private school and was an average student. On the way to his school he had to cross the railway tracks. Along the track there were slums and some jobless youths used to sit and tease girls who pass that way. He befriended these guys during this time. He used to spend lot of time after school with these friends. He was pleased by one of his friends, Umesh who was prurient and a master in infatuating women in the area. Umesh had acquainted with a woman who was a sex worker. Both started to visit her and had unsafe sexual contact often. Somehow he managed to pass PUC. The sudden death of his father 5 years back was a big blow in his life and it made him to realize pragmatic way. It was very difficult to run family for a while without enough money. His past deeds but present consequences changed him hence he gave up his past habits. He got his father's job and started to live a decent and happy with his mother. The dream of his mother was to get him married to a good girl and see them that they are well settled in life. But this dream did not come true as within one year of their marriage they separated because of adjustment problems.

Nanda Kumar has an uncle in Bangalore (younger brother of his father). He used to visit Nanda Kumar often. One day on his way to his uncle's house our field staff identified him at Majestic area and brought him to our clinic. During the conversation he complained about physical problems. In the clinic he was given proper counselling by our counsellors on HIV/AIDS, STI and safe sex. Then he revealed his past activities. The counselor referred him to blood test for HIV and the report was reactive for HIV. Next day the report was handed over to him after post test counseling and referred to CD4 test. He was inconsolable when he knew about his HIV status. Counselor arranged telephone conversation with People Living with HIV/AIDS (PLHA). Then he slowly accepted his status and start to think positively about his future. He had to take ART as his CD4 count was below reference range. (147) and transferred to Hubli KIMS hospital as it is in native place. He has been in contact with us even though he is in Hubli.

6. *Photo Gallery:*





Counselling Sessions

Counselling Session

Counsellor interacting with clients in the community

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 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 characterizes 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.

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**

1. Play School / Crèche

We opened play school in June, 2011 in MEG school premises, our field staff visited each and every house and explained our school and health care clinic, community people and stakeholder support to our programme. In this academic totally 87 children availed pre- primary school education, among this 38 children were 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 of age

Jagruthi proposes to run a play school 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 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.

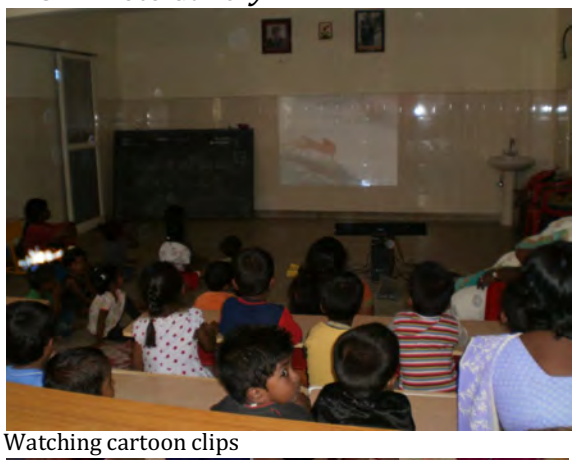
3. Medical Care for Play School Children

Most of the families from Doddigunta are from below poverty line residing in 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 the clinic.
Here we are providing medical check-up, Counselling and referral services.

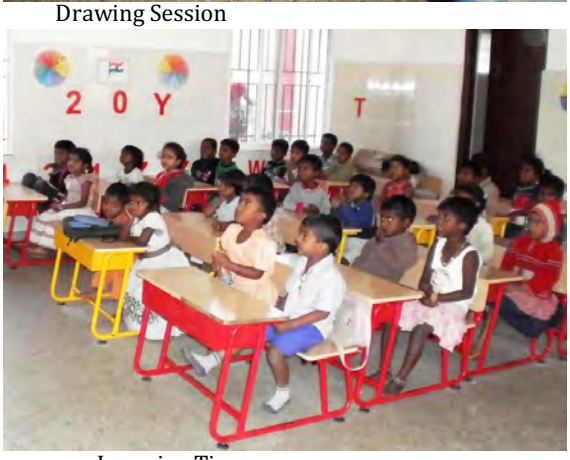
5. *Photo Gallery*



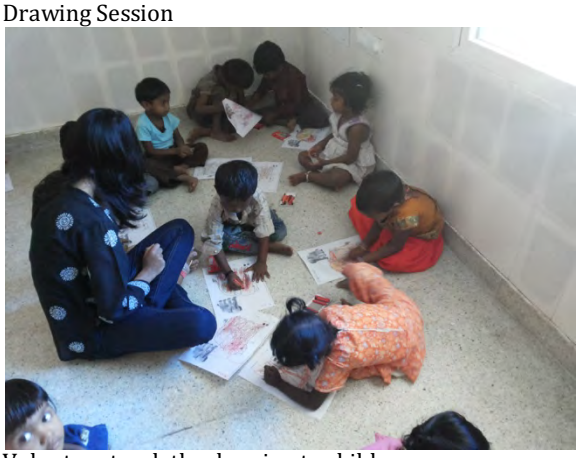
Watching cartoon clips

Drawing Session

Drawing Session



Learning Time



Volunteer teach the drawing to children

Independence Day Celebration

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 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 them are in better positions now and lead a dignified life. We are deeply thankful to all the donors, well - wishers and philanthropists for their generous support and guidance throughout the year. We also thank all the visitors for their gracious visits 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

Renu Appachu

Ashoka Fellow

Director- JAGRUTHI