



# Annual Report 2014-15

## Arunodaya Trust



“We restore their childhood and encourage them to follow every rainbow.” Every child has a right to dream and to create the means to follow their dreams. We

believe that this is precisely what we do at ARUNODAYA TRUST. We transform broken and shattered lives of children into happy, carefree and fulfilled lives by providing them with a secure and nurturing environment.

The year 2014 was a year of continued efforts for path towards sustainability. Our focus continued to be our youth programmes, as this is the most important stage in the development of the child. Ensuring quality settlement of ARUNODAYA TRUST Youth was the theme for the Directors' over the year. During the entire year, we identified and announced three clear objectives; a) Ensuring one employable skill through a recognized educational course for all our children. The special focus being on the girl child since it is noticed that girls, at times, are not facilitated to gain an employable skill. b) Ensuring fluent English speaking and understanding skills in all our children. c) Ensuring computer literacy - to cover MS office, email and internet usage amongst our children. Many new initiatives were also taken for quality settlement of young people.

An upgraded version of MIMN (Multiple Intelligence and Multiple Nature) test was

introduced. ARUNODAYA TRUST children could undertake the test 3 times up to class XII to decide on the career they would like to pursue which would best suit their nature and capabilities. English speaking course through computer aided teaching methodology was also piloted at 4 of the Children's Villages.

The computer learning centre was extended to all the ARUNODAYA TRUST Youth houses.

A tie up with SMILE Foundation was also made for providing employment guaranteed vocational training. A batch of 77 children joined this 6 months long course, benefitting from our endeavour of ensuring 100% employment for the ARUNODAYA TRUST youth.

We have ensured timely renewal of licenses of the ARUNODAYA TRUST under child care laws for smoother functioning in the respective states. With the objective of ensuring that all policies and standards are in compliance as per the requirements of the organisation, we have also conducted Participatory Programme Reviews (PPRs) in the Trust.

Functioning of HR, Fundraising and Finance verticals have also been further strengthened. This has been possible due to the support received from our donors and friends, some of them who have been walking with us through all our trials and tribulations over the years. On behalf of the entire ARUNODAYA TRUST family, we are truly grateful to them and would like to thank them all.

Thanking You

**K.Venkat Rao.**

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## SITUATION ANALYSIS:

With more than a third of its population below the age of 18, India has the largest child population in the world. The country has made some significant commitments towards ensuring the basic rights of children and with the receding infant mortality rate, the child survival rate going up, and the dropout rates from schools having fallen, there has been progress in a variety of indicators.

But the issue of child rights in India is still caught between legal and policy commitments towards children on the one hand, and the fallout of the process of globalization on the other.

Over the last decade, countries across the world have been changing their existing economic models in favor of one driven by the free market, incorporating processes of liberalization, privatization and globalization. The direct impact of free trade on children may not leap to the eye, but we do know that globalised India is witnessing worsening levels of basic health, nutrition and shelter.

Children are being deprived of even the scarce social benefits once available; they are displaced by forced and economic migration, increasing the number of children subsisting on the streets; more and more children are being trafficked within and across borders; and rising numbers of children are engaged in part - or full-time labour.

Ground realities:

- With more than one-third of its population below 18 years, India has the largest young population in the world.
- Only 35% of births are registered, impacting name and nationality.
- One out of 16 children die before they attain the age of 1, and one out of 11 die before they are 5 years old.
- 35% of the developing world's low-birth-weight babies are born in India.
- 40% of child malnutrition in the developing world is in India.
- The declining number of girls in the 0-6 age-group is a cause of alarm. For every 1,000 boys there are only 927 females and even less in some places.
- Out of every 100 children, 19 continue to be out of school.
- Of every 100 children who enroll, 70 drop out by the time they reach the secondary level.
- Of every 100 children who drop out of school, 66 are girls.
- 65% of girls in India are married by the age of 18 and become mothers soon after.
- India has the world's largest number of sexually abused children, with a child below 16 raped every 155th minute, a child below 10 every 13th hour, and at least one in every 10 children having been sexually abused at any point in time.

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A passion for Debating and extempore fills Shivani today. She joined our family at Arunodaya Orphan Home when she was abandoned and left to fend for herself at the age of 3. Hers is a story of determination and ingenuity.

Qualities that stood her in good stead, led her to an interest in public speaking and debating while spending her days with us. In her Arunodaya mother's words "My daughter is not only a keen learner at school, but also takes part in every extracurricular activity, especially debating and extempore".

Shivani recently has been awarded the first prize in a debating competition organised by the Women and Child Development Department, Government of Telangana. The future for her is looking bright as she slowly but surely moves from success to success.

## STeP Twin E Learning Programme:

### Highlights

The organization since 2008 intervened social work in Balaji Nagar(V), Jawahar Nagar(GP), Shameerpet (Mandal), Ranga Reddy(Dist) the total population is around 1.5lkahs and it is major gram Panchayat in Andhra Pradesh. in Shameerpet Mandal,



Jawahar Nagar(GP) As majority 90% population are from below poverty line, We are Voluntary organizations working in the field come across problems in Balaji nagar slum and surrounding areas. Majority of the population in the areas have discontinued their education due to financial constraints and there are 14 slums in surrounding Balaji Nagar.

The basic reality of youth showing interest in Smile twin E-Learning Program is to get change in their life and have better outcome of their future and sustain their family with good living conditions. Since the inception of the program many youth turned up and got into reasonable good jobs were they are able to fulfill their basic amenities and they are very much happy about the STEP program.

Many youth who have completed the course are living in better conditions and able to lead they family and in some situation they are becoming the major bread earners of the family and the parents are also very happy for the STEP program introduced in Balaji Nagar Slum area.

### **Program Description:**

1. English speaking
2. Personality development
3. Basic & retail management
4. Basic computer

### **Objectives:**

The stated objectives of the organization are as below:

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- ✓ Educate, train and motivate people to be of help and assistance to the poor and the needy
- ✓ Undertake social service schemes for the benefit of the poor, orphaned, destitute, street children, alcoholics, drug addicts, the differently able, mentally challenged and those suffering from terminal diseases
- ✓ Establish, equip, maintain, conduct, run, develop, improve and extend trade cells, cottage industries, production units and the like for the benefit of the poor, marginalized, neglected and the differently able.
- ✓ Cooperate with the government and non-governmental agencies in carrying out charitable and relief work
- ✓ Organize and assist in organizing lectures, seminars, symposia, conventions, conferences, workshops, etc. on subjects of academic interest
- ✓ Establish, equip, maintain, conduct, run, develop, improve and extend hospitals, clinics, dispensaries, medical laboratories, research units and other institutions offering treatment, cure, rest, recuperation and medical relief including relief to the differently able and the mentally challenged
- ✓ Provide food, clothing, shelter and cash grants to the poor, the orphaned and others in need and make grants for the support of inmates of orphanages, rescue homes, rehabilitation centers and similar institutions.
- ✓ Work in partnership with and support other groups and organizations who subscribe to these aims and objectives

## **Community Mobilization:**

Mobilization is carried out during the month for the course starting and before final examination of the batch for the next batch the mobilization would be done through door to door survey through pamphlets, flex banner and banners. The Arunodaya Trust STeP volunteers went to our focusing slum

area groups like Gabilalpet, Nandhamuri Nagar, Shanti Nagar, Balaji Nagar, Dumping Yard, CRPF and surrounding slum area we have already planning. While our volunteers doing their mobilization in those areas that same time they distribute pamphlets door to door in that Mobilization area. We have already very good relationships with local slum area leaders so we take their help for our STeP center mobilization. In that mobilization part we using flex and banners at selected centers. In mobilization part we also gave guaranty for complete development of personality, enhancement of multi-skills within students, also those students who secure 80% attendance during the training program. Receive 100% job placements a certificate by the Microsoft holdings is also given at the end. We hope through this mobilisation we reach so many needy and so many under privileged youth at our nearest slum areas.

## **Community based mobilization**

The community intervention of Arunodaya is a strong base for mobilizing students to the course.

Information is disseminated to the community through fliers and at the meetings of women groups and youth groups.

## **Advertisement**

Advertisement is placed on local TV channel and newspaper. For the coming term, local TV, news papers has been contacted.

**TRAINING & PLACEMENTS FOR UN-EMPLOYED YOUTH**  
ಅರಣ್ಯದಾಯಾ ತ್ರಸ್ಟ್, ಅರಣ್ಯದಾಯಾ & ಶಾಂತಿ ನಗರಗಳಲ್ಲಿ - ಕೆಲವು ವಿಶೇಷ ಕೋರ್ಸುಗಳನ್ನು ನೀಡುತ್ತಿದೆ

**COURSES OFFERED :**

- + Basic Computers
- + Tally (With Basic Accounts & MS Excel)
- + Customer Relationship & Sales (CRS)
- + Foundation Skills
  - Basic IT Skills
  - English Typing
  - Communicative English
  - Work Place Readiness
- + Tailoring, Embroidering
- + Nursing

Eligibility : 8th Pass to Inter & Degree Pass / Fail  
Age : 14 to 30 Years

**Arunodaya Trust**  
H.No. 1-47, Road No. 2, Ex-Serviceemen Colony, Balaji Nagar, Near Bajaj Showroom, Sec'bad.  
Tel. : 8096950551, 9032188999

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## Alumni of the Centre

Students who have completed the course inform others in their community and refer students.

**ENROLMENT PROCESS** Interested candidates are asked to send in their application. The applications are verified and the candidates who fulfill the criteria are invited for an interview. A test is conducted and the candidates are interviewed. Based on this the candidates are selected and enrolled.

## ASSESSMENT PROCESS

Weekly tests are conducted and assessed. Special attention is provided to students who score low grades and they are assisted to improve their performance. Final examination is conducted towards the end of the course.

## STeP e- learning Program Success Stories.



Premalatha used to stay with her mother, father, four sisters and a brother at Balaji Nagar which is 10 far away from Secunderabad. At that time her father was working as a farmer on a landlords' farm and his earnings were the only source of income for the family.

At a tender age, while she was in the primary school, she lost her parents. The family lost its only earning member and slipped into uncertainty and poverty. At this point her Uncle requested the Landlord to take Prema Latha to Secunderabad where she could work for

them. As fate would have it she left her home with the Landlord and landed up at his Secunderabad home to work as a helper. When she was 17, through one of her friends she came to know about the Life Skill Training Unit of STeP e- Learning Program at Arunodaya Trust. Thus, through her own efforts she sought admission in the STeP E- Learning Training.

She was a slow learner in the beginning and very soft spoken. But after a few months and counseling sessions she started working fast and became active towards her modules.

After finishing her 6 months training she applied for a 3 months internship in a company as an intern which is a part of the course. She was selected by the Carpone, a renowned unit of Secunderabad, as a Data Entry Operator on a Package of 6000/-. The organization is in touch with her and is regularly monitoring her progress and growth.

She acknowledged with gratitude – “I would like to thank Arunodaya Trust- STeP E- Learning Training Unit for bringing this change into my life and making me self-dependent”.

The Company – Carpone Report has commented that Prema Latha is a good candidate and that they are satisfied with her performance and offering her a full time job in the same company with the increment as per Company Policy.

In 2010, Smile Foundation established their Training Center at Arunodaya Trust in Secunderabad to provide vocational training to the local community through skills development and enterprise related

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services, in the scope of the STeP e-Learning Program.

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Swathi Goud lives in Balaji Nagar village, Secunderabad, with her father (a businessman), mother (a housewife), and three brothers. Swathi's older brother,



Neeraj, enrolled in the vocational training course and helped Swathi to enroll in on basic computer skills course.

At first, Swathi's parents were not supporting the idea

that she was take part in such training, but, once they realized all the benefits of such a training, encouraged her. Soon after, Swathi's sister-in-law also enrolled as well.

She attended the training session learning about Computer Fundamentals, Windows, MS-Office, Internet, topics based on the T-Tools Curriculum topics. She studied with enthusiasm and passed the exam with great success. After finishing this training, she did a Tally course at the center and spent her free time helping new trainees. She is now placed at Asian Heart Institute as a Accountant and now earning 6500/- p.m. I never expected that with very little education getting placement in this competitive world. I am very much thankful to Arunodaya Trust and Especially Smile Foundation – SteP e- learning program for changing my life.

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Vinay Kumar's father was an ex-serviceman, whose pension was the only source of income for the large joint family. Being extremely difficult to fulfill the needs of each family member, Vinay was uncertain what her future would be after finishing high school.



In spite of all the difficulties, Vinay worked hard at academics and always secured a good rank in every class; even in class X she secured 77%. Wanting to study further she explored many options and heard about the Arunodaya Trust STeP e- learning Programme. He applied for and was inducted into the Programme. The STeP e-learning program gave helped enhance her strengths and Interests. She strongly believes that, "the guidance of her Instructors totally changed my life. and the workshops, camps and educational tours helped me gain confidence too."

For Vinay, apart from the financial help, the mentoring and motivational support was crucial in "my overall development."

Now I am placed in SK security and allied services Pvt Ltd, Secunderabad and supporting my part of Rs 9000/- a month. Every month when I hand over my pay I can see tears of joy in the eyes of my Parents. Lots and lots gratitude to Arunodaya Trust & Smile Foundation for being with me in difficult situations.

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Twenty year old Sudha always has a smile on her face, no matter what the circumstances. But beyond her happy-go-lucky attitude there was another reality. Before joining the STeP e-learning programme,

Sudha wasn't sure if her dreams would come true. The eldest of 3 siblings, Sudha was keen to pursue Law as a profession. However, her father, being a painter, with limited income, was not able to afford the cost of the specialized education. Determined not to let the family's economic difficulties come in the way, after completing Class X Sudha enrolled herself at the Arunodaya Trust, STeP e Learning Center (Secunderabad), which she heard about from a friend. She joined course as well as the three month Spoken English. Soon after completing the course, she was placed as an Tele Caller in a MNC, by the placement cell at Arunodaya Trust. As she says with a smile lighting her face, "Today me & my family are living with pride & my mother was very happy when I got my first salary." Sudha is now confident that she will pursue her specialized studies carving a bright career for herself.

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# Mission Education Program:

Mission Education is a national level programme of Smile Foundation, which is committed to providing basic education and healthcare to underprivileged children of Shamirpet, Ghatkesar, Nagaram, Malkajgiri mandals of Rangareddy District. Arunodaya Trust believes that whether you are addressing healthcare, poverty, population control, unemployment or human rights, there's no better place to start than in the corridors of education.

Education is both the means as well as the end to a better life; means, because it empowers an individual to earn his/her livelihood and the end because it increases one's awareness on a range of issues – from healthcare to appropriate social behavior to understanding one's rights, and in the process evolve as a better citizen.

Smile Foundation's educational initiatives include Pre-school [3-6 yrs], Non Formal Education [6-14 yrs non-school going], Remedial Education [6-14 yrs school going] and Bridge Course [14-18 yrs drop-outs].

Arunodaya Trust works for education for needy children who are under difficult circumstances, such as child labour, children of poorest of the parents, children inflicted and affected with HIV/AIDS, street and runaway children, children with rare disabilities, disaster struck children and

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slum children. Special emphasis is given on girl education and women education, so that they and their families get empowered.

Children are the future of a nation. For an emerging and developing country like India, child education holds the key to the progress of the nation itself.

This Mission Education project aims to fulfill the educational needs of disadvantaged children in the urban and rural areas of Ranga Reddy district in Telangana. The main aim of this project is to bring runaways, orphans, child laborers and children from extremely poor families in the fold of education.



Secunderabad, being a prominent trade centre, attracts a large migrant population from surrounding areas and other parts of the country coming to work in its factories. A significant proportion of this migrant population comprises of daily wage laborers, living on a bare minimum. The children at the centre come from these families.

Parents-teacher meetings are conducted regularly every month wherein feedbacks are given regarding the child's progress, strengths, weaknesses and talents. These meetings encourage the parents, mostly daily wage laborers who have never been to

school, to become involved with their children's education.

Along with education, the centre focuses on the hygiene and health conditions of these kids, as most of them live in dilapidated tenements in overcrowded slums. Committed volunteers are the real backbone behind this project's success.

Smile Foundation has joined hands with Arunodaya Trust for this project.

In the year gone by Mission ME centre in operation informative excursions, cultural Education could spread the light of Mission Education entered programmes and celebrations of education a bit further, important days, kept the learning school going children were reaching out to 21 states, in the experience lively and interesting enrolled into the programme, the reporting period. For children remedial and bridge courses saw Mission Education runs a the teachers at the Mission an enrollment of 264 children and Concurrent programme of Education Centres are our 264 school dropouts were put conducting health camps for the Generals, leading a revolution back on track, with girls children at the ME centres, to which brings hope where none comprising 46% of the total ensure 100% attendance and existed and creating a



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generation beneficiaries. Behind these retention of students. 264 of such of good and worthy citizens. statistics went lots of hard work, health camps were conducted Mission Education provides dedication, determination and across the country. extensive support for Teacher's enthusiasm to take education to training and organizes learning every doorstep.



In an effort to provide holistic forums for sharing effective exposure to children, sports meet Last year Mission Education classroom practices. and excursions were regularly expanded its reach further across organized by the ME centres. ME Centre sports meets, were initiated, bringing the total

### Deliverables

- 100% enrollment of the children in to formal schools will be ensured
- All the malnourished children, especially girls will be brought to normal growth chart
- All the target beneficiaries will be covered under quarterly medical health camps
- During Community Consultations (meetings with religious /

community / political / teachers) the participation of all the stakeholders will be ensured

- Records of individual children to be maintained regularly.

## Orphan Home Not Alone

What makes Not Alone our flagship program? Part of the answer lies in its long reach and vast scope. To date, the program has helped empower nearly 46 children all across Telangana, and nearly 20 were enrolled in 2014 alone. Another part of the answer lies in Not Alone's goal of raising children's academic achievement, building a well-rounded personality, and increasing their sense of volunteerism as future leaders of society. By connecting fatherless children with these building blocks for a successful life, Not Alone helps empower them to break the cycle of poverty. Day in and day out, year after year, each builds a long-term relationship with the children they serve, connecting with each child through home visits, life-skills workshops, and community activities. Not surprisingly, the Staff are the pillars of Arunodaya Orphans' educational focus. They are skilled at translating this focus into daily activities, whether that be help with homework or assistance with securing in-depth tutoring.

Provided life-saving medicine for Bhargav, an HIV+ child Shortly after Bhargav was born, his mother became very sick. The



dreams of her recovery were shattered when she was diagnosed as HIV positive. HIV/AIDS in most remote parts of Telangana is almost a sure death sentence. After the loss of his mother, it was discovered that Bhargav was also HIV positive. Soon Bhargav's father passed away as well, and Bhargav was taken to live with his grandmother who could only afford one meal per day for Bhargav, a shack for shelter, and tattered clothing. At just two years old, Bhargav was incredibly frail and his health was deteriorating rapidly. He was brought into an orphanage which provided him with critically needed medical care. After some time in the children's home, Bhargav was adopted, but the costs of his anti-retroviral medication were extremely difficult for the family to bear. Your gifts provided the resources for his adoptive family to sustainably support Bhargav. He is now a child just like any other. Attending school, playing football and diligently taking his medicine, Bhargav has a bright future ahead of him. Thank you for helping Bhargav and his family!

## Feeding Program:

It is our desire to give hope to children and families around by giving them the nourishment they need to make it through another day. We're also helping children with basic education and sharing the story of God's great love. Lives are being saved by a simple meal and changed by the love of God.

Some children who come to our center have experienced the nightmare of neglect and abuse. Others are loved but forced to work due to extreme poverty. Still others come from homes with parents who are physically disabled or who make their living by prostitution. In fact, for many young girls, the care and education they receive at our feeding centers are the only things that stand between them and a similar fate.

And our impact goes far beyond the lives of the children. Because of our compassionate outreaches, many of their parents accept Christ and begin to attend the local churches as a family. In fact, we are seeing whole communities gradually change as we focus on simply providing meals for the children and meeting their needs.

It is in places like this and so many others around the world where we know it is our obligation, and yet great privilege, to step in and provide nourishing meals. It's one of the most basic necessities of life, yet many don't

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have access to simple things like rice and beans.



Meet Bhavya. At only 3 years old, she is lively and adorable. Bhavya is an intelligent young boy, but like more than half of

Secunderabad's slum-dwelling children, he attends school sporadically.

Bhavya's village boasts historical temples visited by tourists and devotees, but it also boasts high levels of unemployment and abandoned children.

Bhavya's father is a mechanic and earns just enough money to keep his family housed, but they live in poverty and are clothed in torn, shabby clothes.

Bhavya's hunger goes from bad to worse and her parents worry constantly that due to their inability to provide, she will end up dropping out of school and have no future.

Fortunately, the Hand of Hope feeding center has allayed their fears.

Ever since Bhavya joined the feeding center, her parents worry less and Bhavya enjoys

life more. The daily meals and educational assistance he is provided with at the center are giving him a strong foundation on which to build his future.

## **CARE & SUPPORT to HIV/AIDS infected & affected Families.**

### **HIV & Nutrition:**

HIV and nutrition are intimately linked. HIV infection can lead to malnutrition, while poor diet can in turn speed the infection's progress. As HIV treatment becomes increasingly available in the poorest parts of the world, critical questions are emerging about how well the drugs work in people if they are short of food. Uncertainty also surrounds the role of vitamins and other supplements. And for those already receiving treatment, side effects such as body fat changes are a daily concern.

Understandably, HIV positive people and those who care for them are interested in whatever might benefit their health. This article looks at what is known about the relationships between HIV and nutrition. Dietary advice should be tailored to individual circumstances. However, in general the recommendations for people living with asymptomatic HIV infection are much the same as for everyone else, meaning a healthy, balanced diet. Only three differences are worth noting:

Because people with untreated HIV tend to burn more energy, the total number of calories should be around 10% higher than the usual guideline amounts, and up to 30%

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higher during recovery from illness. The balance of fat, protein and carbohydrates should remain the same.

Many experts recommend a daily multivitamin (usually without iron, except in menstruating women or people with iron deficiency).

The World Health Organisation recommends vitamin A supplements every 4-6 months for young children living with HIV in resource-poor settings.

HIV positive people suffering loss of appetite may need to make an extra effort to ensure they are eating enough. Helpful suggestions include eating several small meals per day, taking exercise to stimulate appetite, possibly mashing or liquidizing food to ease swallowing, and seeking advice from a health provider or dietician.

If other approaches have failed to reverse wasting then doctors may recommend a liquid food supplement, an appetite stimulant, or resistance exercise to build muscle. Other possibilities include steroids and hormone treatments, though these can be expensive and have serious side effects.

Advice for people with lipodystrophy or lipid abnormalities can be found in our antiretroviral drug side effects page.

Nutritional assistance

Because HIV and nutrition are so strongly linked, nutritional assistance is seen as an important part of the response to HIV. This may take the form of nutritional assessment, counseling, or food provision.

**Nutritional assessment and counseling:**

Nutritional assessment helps HIV positive people receive appropriate treatment, care

and nutritional support. Even in the poorest settings, according to the World Health Organization:

“Screening for nutritional status and assessment of dietary intake should be included routinely in HIV treatment and care for adults and children.”

A dietician can assess the patient’s diet, lifestyle and nutritional status, and provide counseling and referrals as necessary.

Nutritional counseling may include education on various topics, including:

- Healthy eating.
- Achieving or maintaining a healthy body weight
- Managing lipid abnormalities and lip dystrophy
- Managing dietary complications related to antiretroviral treatment
- Managing symptoms that may affect food intake
- Appropriate use of herbal and/or nutritional supplements
- The role of exercise
- Food safety (important for preventing opportunistic infections)

## Providing food

Providing food supplements to malnourished patients on antiretroviral treatment can increase programme success. Some programmes helping people living with HIV provide a limited amount of food to those most in need. Nutritional Kits are

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distributed particularly for the following groups:

- Orphans and vulnerable children born to HIV infected parents
- HIV-positive pregnant and lactating women
- Malnourished adults in antiretroviral therapy and care programmes
- A low cost way of growing food in a restricted area
- A low cost way of growing food in a restricted area

Foods provided in resource-poor areas include peanut butter-based paste, milk, flour and vegetable oil, each fortified with micronutrients. Alternatively HIV positive people may be helped to set up vegetable gardens or animal rearing projects to improve their diet.

In some rich countries there are non-profit organisations that deliver meals to the homes of people who are ill because of HIV infection.

Food provision is, however, not without its hazards. Organisations focused on combating HIV are wary of getting drawn into providing long-term food aid. In communities with widespread hunger, providing food only to HIV positive people may fuel discrimination, or even appear to reward people for becoming infected.

In most cases food is provided to mitigate the impact of HIV, or to support antiretroviral treatment. Some experts have suggested that more general hunger alleviation could have a role in slowing the spread of the epidemic:

"In poverty-stricken communities, the incentive of reducing HIV risk behaviour should be an added reason for national governments and international agencies to invest in reducing hunger by improving infrastructure and development... Ignoring such basic issues as food or hunger could be a major stumbling block to HIV prevention strategies."

## Environmental Awareness Program

### Environmental Education

Teachers often strive to develop and deliver a complete curriculum that meets all the needs and learning potentials of their students'. However, when honoring various multiple intelligences and learning styles the 'Nature Intelligence' is sometimes neglected due to time constraints and/or lack of expertise. Successfully integrated curriculum should not only be meaningful to the students' and relevant to their daily lives, but also should be aligned with the



core curriculum. By launching learning projects that foster the 'Nature Intelligence'

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and integrate environmental studies with a variety of other subject disciplines, students are easily hooked into first hand real learning experiences since a great many students already have a natural curiosity and desire to learn about nature and the natural environment. This could enhance students' perception of attending school and increase student success!



This project is related to the improvement and enhancement of teachers' repertoire of projects and activities that they can offer students in the areas of environmental awareness, health and fitness and life-long learning!

Environmental Education activities can be described as those which:

- Develop learning opportunities that are concerned with understanding the health and welfare of the environment and the world we live in;
- are designed to teach the learner scientific and ecological principles;
- have a multi-disciplinary approach of integrating subject specific competencies;
- lead cross-curricular investigations involving and technology, mathematics, ecology, geography,

language arts, social studies, and creative arts;

- build the knowledge base of conservation and preservation ethics (including the earth, environment, humans and other life);
- develop greater understanding of the major ecological systems and ecological concepts such as cycles, diversity, habitats, adaptation, food-chains, inter-relationships, etc;
- Promote responsible environmental citizenship and community action.

Environmental awareness activities are an essential component to healthy child development because they stimulate all of the senses and magically weave informal discovery with formal learning. Alternative outdoor settings offer an enriching and powerful learning experience that help to develop the students' imagination and creativity. This is beneficial to a child's capacity and ability in applying new knowledge and values from the environment to other academic disciplines. Environmental awareness activities can be described as those which:

- develop sensory experiences to facilitate greater awareness of 'oneself' and a deeper 'appreciation' for the environment;
- promote healthy child development by stimulating the senses and developing the 'emotional', 'social' and 'nature' intelligences;
- implement 'immersing activities' to provide first-hand contact with the natural world;

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- connect with feelings-instill in learners deep and abiding emotional attachment to the environment;
- make personal reflections and observations upon all life in natural settings and;
- Encourage and develop a broader understanding and deeper respect for the environment.

# Medical Camps:

The Arunodaya Trust held a free medical camps round the year in slums of Rangareddy District. Appreciation Arunodaya Trust would like to thank its members Dr. Anusha, Bangalore who provided drugs and Mr. Prasada Rao who had helped for preparing the organizational banners, pamphlets and translation of the informative brochures from English to local language. Also ARUNODAYA TRUST would like to thank the villagers, local associations and organizations for their untiring efforts and support to ARUNODAYA TRUST in conducting the medical camp Objective. The local population of the Village and its surroundings are about 2000, mostly consisting of elderly people (men and women) and children. The young population has migrated to neighboring cities seeking for jobs. There is neither private nor public medical facility functioning at the village. The existing center is ill equipped with basic medicines

and medical instruments. Most of the time the doctors are absent. These factors drive away the crowd to local medical practitioners who are not qualified. Alternatively, the villagers have to travel all the way to Rapur seeking medical aid at the local Community health center which is not adequately equipped. Coordinating with Medicity Hospitals from Shamirpet has helped the Arunodaya Trust to assess the population in each cluster, the number of elderly people, socio-economic and health problems of the elderly people, quality and availability of health facilities in and around the area. The Arunodaya Trust proposed to conduct continued medical camps thereby to bring the primary health care to the doorstep of the villagers. Camp activity and achievement In coordination with Medicity Hospitals, the Arunodaya Trust had organized its medical camp at villages. The services offered at the medical camp were –



1. Medical checkup (general) of the patients and diagnosis.
2. Dispensing medicines
3. Referring patients who needed specialized care to the nearest hospitals
4. Referring the patients to diagnostic laboratories which would charge nominal

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fees from the patients that is reimbursed by the Organization

5. Counseling the patients A total of 20000 people were treated at the camp and nearly 500 were provided counseling.

Villagers were also briefed on sanitation and hygiene as part of health education. The lady gynecologist provided consultations to a number of women for their general and gynecological problems. A refractions examined the patients for the vision defects and referred them to Medicity hospital in Secunderabad for providing them spectacles and also for surgical procedures for removal of cataracts, free of cost. The elderly people (men and women) who attended the medical camp were examined and found suffering from:

- Hypertension
- Diabetes
- Tuberculosis
- Bronchial Asthma
- Contact Dermatitis
- Gastritis Women
- PMS
- Dysmenorrhea
- Leucorrhoea Children

- Malnutrition
- Scabies
- Cough and cold

The camp was successful as there were number of patients who attended the camp and were examined by the medical teams. Thereafter drugs were distributed to the patients for free. The local community requested the organization to continue providing medical care for the villagers. Care for International Organization assured the villagers of their possible support with ongoing medical camps and also suggested to look into the possibility to establish a permanent small medical unit in the village that could serve the people providing much needed basic medical care. The ARUNODAYA TRUST also visited the Anganawadi, child care center located in villages and observed that the center lacked proper infrastructure as the small children attending the center are exposed to heat and humidity. The center was also not properly equipped with fans, water supply and sanitation. ARUNODAYA TRUST has donated fans and executed the work of its fixation and functioning.



## Right to Education (RtE) Awareness Program

For the development of any country



education for all is a pre-requisite. To make this a reality, a positive beginning was made by the Government in India and Right to Education Act was passed by the Indian Parliament on 4th August 2009. The Act describes the modalities having the provision for free and compulsory education for children between 6 to 14 years under article 21 A of the Indian Constitution. This Act makes education as a fundamental right of every child enforceable by law. The Act is having 37 sections which are part of seven chapters and one schedule. The basic theme of free education implies that any cost that prevents a child from accessing school will be borne by the State which shall have the responsibility of enrolling the child as well as ensuring attendance and completion of 8 years of schooling. No child shall be denied admission for want of documents; no child shall be turned away if the admission cycle in the school is over and no child shall be asked to take an admission test. Children with disabilities will also be educated in the

mainstream schools. All private schools shall be required to enroll children from weaker sections and disadvantaged communities in their incoming class to the extent of 25% of their enrolment, by simple random selection. No seats in this quota can be left vacant. The National Commission for Protection of Child Rights (NCPCR) has been mandated to monitor the implementation of this historic Right. A special Division within NCPCR undertakes this huge and important task. A special toll free helpline to register complaints is also set up by NCPCR for this purpose. But the disheartening fact is however that today 81,50,617 children are out of school out of total 190,582,581 children in the age group of 6-13 years. At the national level, among the children who are out of school, 74.89% are those who are never sent to school and 25.11% are those who had dropped out from school after one or more years of schooling.



Three years after the Right to Education (RTE) Act was passed, around 50% of families in slums across the country are still unaware of its existence, according to a report released by

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Child Rights and You, a non-government organization.



According to the report, roughly one out of every two respondents was ignorant about the RTE Act although awareness in Chennai and Bangalore, at 74% and 85%, respectively, was quite high.

Furthermore, 72% of the respondents across the five cities were ignorant about any government schemes exclusively for girls.

## **Project Goal:**

Ensuring right to Education to deprived urban children in certain municipal wards under Kolkata (West Bengal – India) Municipal Corporation through integration of support system and responsive community action

## **Project Objectives:**

- A) Spread awareness and motivate parents in target locations on importance of children's education
- B) To facilitate and develop a model of Child friendly education system and to create interest amongst the children towards formal education system

C) Create a participatory model of Community Schooling through integrating the existing education / school and support systems.

D) Ensure participation of children in developing child friendly teaching learning materials and facilitate their process of learning joyful.

## **Because I am a Girl Program**

### **The Girl Issue**

The girl issue is real, and it's affecting girls and women around the world – but what is it? Girls in the poorest regions of the world are among the most disadvantaged people on the planet. They are more likely to live in poverty, more likely to be denied access to education, and more likely to be malnourished, simply because they are young and female.

And yet, studies show that when you invest in girls, the whole world benefits. If a girl has enough to eat, a safe environment, and an education, she'll work to raise the standard of living for herself, her family and her community. And in time, she can even strengthen the economy of her entire country.

#### **Girls' education**

Every girl has a right to an education, but close to 62 million girls around the world are not in school, and even more struggle to remain where they belong – in the classroom. Every day, girls are taken out of school, married far too young, and subjected to violence in school. And yet, it's proven that with an education, girls can lift themselves –

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and everyone around them - out of poverty.

## The facts on education for girls

- For every extra year a girl stays in school, her income can increase by 15 to 25%
- There is a 20% increase in child survival when household income is in a mother's hands
- If 10% more girls attend school, a country's GDP increases by an average of 3%
- When a girl receives more education, she is 6X less likely to be married as a child and will have 2.2 fewer, yet healthier children who are more likely to go to school themselves
- Each extra year of a mother's schooling cuts infant mortality by between 5 and 10%

The facts are clear. When you empower a girl through education, she'll change



the world for everyone around her. But without an education, girls are more likely to marry young, have children early, and spend their life in poverty.

Many barriers stand in the way of girls receiving the quality education they deserve. Most of these obstacles are unimaginable to people here in India, but to girls living in the developing world, it's a daily reality. These include:

- Early and forced marriage
- Poverty
- Poor health and nutrition
- Family care and domestic housework
- Early pregnancy
- Violence in schools
- The long distance to school
- The cost of education
- A lack of girls' washrooms

## How to get girls back in the classroom

Arunodaya Trust's Because I am a Girl initiative works with communities to support girls' education in the following ways:

Provide equal access to education by developing gender-sensitive learning environments for girls

Educate boys and men about gender equality by engaging them in developing gender-sensitive learning environments for both boys and girls.

Keep schools safe for girls by providing them with a safe learning environment, free of violence, abuse and bullying.

Provide school feeding programs that keep girls' stomachs full, their brains active and offer parents incentives to send their daughters to school.

Give girls financial standing, independence and income through village savings and loans associations (VSLA), vocational training programs and girls' scholarships.

Challenge gender roles through information sessions that raise awareness at home and in the community on the importance of girls' education.

# Awareness on Child Marriages

*EVERY YEAR 15 MILLION GIRLS ARE MARRIED AS CHILDREN, DENIED THEIR RIGHTS TO HEALTH, EDUCATION AND OPPORTUNITY, AND ROBBED OF THEIR CHILDHOOD. IF WE DO NOTHING, BY 2030 AN ESTIMATED 15.4 MILLION GIRLS A YEAR WILL MARRY AS CHILDREN.*

Each year, 15 million girls are married before the age of 18. That is 28 girls every minute – married off too soon, endangering their personal development and wellbeing. With more young people on our planet than ever before, child marriage is a human rights violation that we must end to achieve a fairer future for all.

Child brides are often disempowered, dependent on their husbands and deprived of their fundamental rights to health, education and safety. Neither physically nor emotionally ready to become wives and mothers, child brides are at greater risk of experiencing dangerous complications in pregnancy and childbirth, becoming infected with HIV/AIDS and suffering domestic violence. With little access to education and economic opportunities, they and



their families are more likely to live in poverty.

Nations also feel the impact: a system that undervalues the contribution of young women limits its own possibilities. In this way, child marriage drains countries of the innovation and potential that would enable them to thrive.

## A PERSISTENT PROBLEM

Child marriage persists across countries, fuelled by poverty, social and cultural norms. For many families, it is a perceived economic need – one less mouth to feed. Long-held beliefs and traditions based on gender inequality mean that becoming a wife and mother is often deemed a daughter's only choice.



## CHILD MARRIAGE FACTS

More than 30% of today's women were married before their 18th birthday. If there is no reduction in child marriage, an additional 1.2 billion girls will be married by 2050.

Some child brides are as young as eight or nine.

Most adolescent pregnancies (90%) take place within marriage.

Pregnancy and childbirth complications are among the leading causes of death in girls aged 15 to 19 in low- and middle-income countries.

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## PROGRESS IS POSSIBLE

The complex mix of cultural and economic factors mean there is not a single, simple solution. But, through partnership, long-term programming and a willingness to learn from our successes and failures, we can end child marriage in a generation.

## COMPELLING REASONS TO ACT NOW

Globally, the rates of child marriage are slowly declining. However, there are urgent reasons to double our efforts.

## IT VIOLATES HUMAN RIGHTS AND IS ILLEGAL

In many countries, child marriage is prohibited, but existing laws are often not enforced or provide exceptions for parental consent or traditional and customary laws. Child marriage reinforces gender inequality and violates human rights. Tolerating any injustice makes it easier for others to exist.

## IT PERPETUATES POVERTY

Married girls often leave school and so can lack the skills to help lift their families out of poverty. The international community's failure to end child marriage means it has fallen short in its commitment to reduce global poverty and achieve six of the eight Millennium Development Goals.

## THE LONGER WE WAIT, THE BIGGER THE PROBLEM WILL BE

Millions of girls and women already suffer the consequences of child marriage. If we do nothing, population growth means that, by 2050, the total number of women married as children will grow to 1.2 billion, with devastating consequences for girls, their families and their countries. Boys are also affected – 33 million men today were married before the age of 15 and 156 million before the age of 18.



## GLOBAL PRESSURE

Girls Not Brides shows the will of a global movement to end child marriage. By connecting and amplifying the voice of civil society organisations across the world, we help instil the global pressure that makes ground-level change happen.

## COLLECTIVE ACTION

Informed by their experience of working with girls, families and their communities, Girls Not Brides members have come together to articulate what an effective response to child marriage entails. Together we develop evidence-based solutions – like our Theory of Change – to outline how we can end child marriage and enable girls to achieve their potential in all aspects of their lives.

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## CHILD MARRIAGE: WHAT DOES INTERNATIONAL LAW SAY?

The right to 'free and full' consent to a marriage is recognised in the Universal Declaration of Human Rights, and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) prohibits child marriage.

Under the Convention on the Rights of the Child (CRC), governments have committed to ensure the overall protection of children and young people aged under 18, however, child marriage and the range of rights implications it has, substantially infringe these protections.

## Women Empowerment

You might be listening to news, reading newspaper or magazine, you would have gone through incidents and accidents with women in India. While any other article on women's empowerment in India will take a look at our rich heritage and enlightened societies of the past where women were treated as equals, the concept of "India" itself evolved



quite recently, relative to the sum of its parts' histories. But the TRUTH is that in the modern India, the woman has

always been a second grade citizen, no matter what its esteemed leaders have said or done.

It is hard to fathom how slow moving the cultural exchange of the world is when you find out that there are several places across the country where harmful customs of the ancient world coexist with modern appliances and thought. However that may come as hardly any surprise to anyone who has lived in India - the dichotomy of society is something that can only be explained by a refrain from an old Bollywood song: "It happens only in India!"

Yes, it is only in India that glaring and brutal gang rapes occur frequently in a state that is headed by a woman Chief Minister. Gender discrimination is the least of worries for women in India, known otherwise as the fourth most dangerous country in the world for women. Other instances of violence against women has an astonishing and grim variety to it - with acid throwing, domestic violence stemming out of dowry, rape, harassment and an assortment of others.

### What is women Empowerment

In the simplest of words it is basically the creation of an environment where women can make independent decisions on their personal development as well as shine as equals in society.

Women want to be treated as equals so much so that if a woman rises to the top of her field it should be a commonplace occurrence that draws nothing more than a raised eyebrow at the gender. This can only happen if there is a channelized route for the empowerment of women.

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Thus it is no real surprise that women empowerment in India is a hotly discussed topic with no real solution looming in the horizon except to doubly redouble our efforts and continue to target the sources of all the violence and ill-will towards women.

## CRIMES AGAINST WOMEN

The crimes against women fly directly against orchestrating women empowerment in India. A report on the crimes against women by the National Crime Records Bureau comes up with some alarming statistics:-

A total of 2,44,270 incidents of crime against women (both under IPC and SLL) were reported in the country during the year 2012 as compared to 2,28,650 in the year 2011 recording an increase of 6.4% during the year 2012. These crimes have continuously increased during 2008 - 2012 with 1,95,856 cases in the year 2008, 2,03,804 cases in 2009 and 2,13,585 cases in 2010 and 2,28,650 cases in 2011 and 2,44,270 cases in the year 2012. West Bengal with 7.5% share of country's female



population has accounted for nearly 12.7% of total crime against women by

reporting 30,942 cases during the year 2012.

To understand what it is that drives such crimes against women is an essay on its own, if not a PhD thesis. There are a vast number of drivers for such behaviour in the Indian citizenry, but there are some acute reasons that such behaviour continues despite the apparent movement towards civilisation.

## CHALLENGES

There are several challenges that are currently plaguing the issues of women's rights in India. A few of these challenges are presented below. While a lot of these are redundant and quite basic issues faced across the country, these are contributory causes to the overarching status of women in India. Targeting these issues will directly benefit the empowerment of women in India.

## EDUCATION

While the country has grown from leaps and bounds since its independence where education is concerned, the gap between women and men is severe. While 82.14% of adult men are educated, only 65.46% of adult women are known to be literate in India. Not only is an illiterate women at the mercy of her husband or father, she also does not know that this is not the way of life for women across the world. Additionally, the norms of culture that state that the man of the family is the be-all and end-all of family decisions is slowly spoiling the society of the country.

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## HEALTH & SAFETY

The health and safety concerns of women are paramount for the wellbeing of a country, and is an important factor in gauging the empowerment of women in a country. However there are alarming concerns where maternal healthcare is concerned.

In its 2009 report, UNICEF came up with shocking figures on the status of new mothers in India. The maternal mortality report of India stands at 301 per 1000, with as many as 78,000 women in India dying of childbirth complications in that year. Today, due to the burgeoning population of the country, that number is sure to have multiplied considerably. The main causes of maternal mortality are:-

Haemorrhage: 30%  
Anaemia: 19%  
Sepsis: 16%  
Obstructed Labour: 10%  
Abortion: 8%  
Toxaemia: 8%

While there are several programmes that have been set into motion by the Government and several NGOs in the country, there is still a wide gap that exists between those under protection and those not.

Poverty and illiteracy add to these complications with local quacks giving ineffective and downright harmful

remedies to problems that women have. The empowerment of women begins with a guarantee of their health and safety.

## ACTIONS TAKEN TO EMPOWER WOMEN MILLENNIUM DEVELOPMENT GOAL

The United Nations Development Programme constituted eight Millennium Development Goals (MDG) for ensuring equity and peace across the world. The third MDG is directly related to the empowerment of women in India. The MDGs are agreed-upon goals to reduce certain indicators of disparity across the world by the year 2015.

The third MDG is centred towards promoting gender equality and empowering women: "Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education by no later than 2015"

While India's progress in this front has been brave, there are quite a few corners that it needs to cut before it can be called as being truly revolutionary in its quest for understanding what is women empowerment. As UNDP says:-

India missed the 2005 deadline of eliminating gender disparity in primary and secondary education. However, the country has hastened progress and the



Gender Parity Index (GPI) for Gross Enrolment Ratios (GER) in primary and

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secondary education has risen. Given current trends, India is moderately or almost nearly on track. However, as the Government of India MDG Report 2009 notes, "participation of women in employment and decision-making remains far less than that of men, and the disparity is not likely to be eliminated by 2015." Achieving GPI in tertiary education also remains a challenge. In addition, the labour market openness to women in industry and services has only marginally increased from 13-18 percent between 1990-91 and 2004-05.

### MINISTRY FOR WOMEN & CHILD DEVELOPMENT

The Ministry for Women & Child Development was established as a department of the Ministry of Human Resource Development in the year 1985 to drive the holistic development of women and children in the country. In 2006 this department was given the status of a Ministry, with the powers to:-

Formulate plans, policies and programmes; enacts/ amends legislation, guiding and coordinating the efforts of both governmental and non-governmental organisations working in the field of Women and Child Development.

It delivers such initiatives such as the Integrated Child Development Services (ICDS) which is a package of services such as supplementary nutrition, health check-ups and immunisation. As mentioned earlier, the empowerment of women begins with their safety and health and this Ministry is committed to providing them.

### THE ROAD AHEAD

India as a country is still recovering from years of abuse in the time of the Raj and more years of economic

suffering at the hands of the License Raj. It is only now that globalisation, liberalisation and other socio-economic forces have given some respite to a large proportion of the population. However, there are still quite a few areas where women empowerment in India is largely lacking.

To truly understand what is women empowerment, there needs to be a sea-change in the mind-set of the people in the country. Not just the women themselves, but the men have to wake up to a world that is moving towards equality and equity. It is better that this is embraced earlier rather than later, for our own good.

Swami Vivekananda once said "arise away and stop not until the goal is reached". Thus our country should thus be catapulted into the horizon of empowerment of women and revel in its glory.

We have a long way to go, but we will get there someday. We shall overcome.

## Youth Welfare Program:

The Youth represent the hope and future of a country. They have a vital role to play with regard for fostering and strengthening of social consciousness against all social evils and lead the country to unity and prosperity. The immense resources of youth, if galvanized, can work as a major force of

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socio-economic change. It is therefore needed to create increasing opportunities for them to develop their personality and their functional capacity and thus make them economically productive and socially responsible.

With this view in mind Empowerment has given shape to Youth Welfare Programmes. Empowerment holds the serious responsibility of creating material situation and empowering the youth along with his/her mental, aesthetic, artistic and physical development. It gives more importance to the development of a whole society through the development of every single person. It conducts English Speaking Programmes, Workshops on fine arts, dance, theatre, training in vocational programmes etc. The programme runs throughout the year for the youths.



Many villages throughout India are oceans of poverty and illiteracy. The influx of technology, commerce, education and metropolitanism that has flooded most of India's cities since independence seems to have not even touched these villages. They exist as they did centuries ago. However, one crucial change has occurred. Now, basic education and marketable skills are absolute necessities in order to subsist in even the smallest communities. Hence, those who lack this education

and training go to sleep hungry each night.

In the midst of this ocean of destitution, there are islands of light, islands of knowledge, islands of hope. The Y.E.S.



schools are some of these islands. Arunodaya Trust believes that children are the future of our planet and that it is our responsibility to help them make that future a bright one. Arunodaya Trust dedicated to bringing education to the illiterate, training to the unemployable and light to the darkness. The YES program is dedicated to giving poor and disadvantaged children an alternative to begging and to providing them with the best chance possible to live a life free from destitution.

## Consumers Awareness Program

Every person in one way or another is a consumer of various products and services. As citizens of India, we are protected against all forms of exploitation by the service providers.

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Through the Consumer Protection Act, 1986 all consumers have the right to safety, information, choose, be heard, redressal and consumer education.

It is important that as consumers, we are mindful of our rights. A consumer under the Consumer Protection Act is:

“One, who buys any goods, hires any service for a consideration which has been paid or promised or partly paid and partly promised or under any system of deferred payment.”

The Act allows consumers to file their complaint if they find any of the following:

- Goods purchased suffer from any defect.
- If the services hired/availed suffer from deficiencies in any respect.
- Price have been charged excess of the printed price/MRP
- Have suffered loss or damage as result of unfair trade practices.

According to the Consumer protection Act, it says that a consumer can file their complaint in the following places:

- a. District Forum
- b. State Commission
- c. National Commission

As noted earlier, the government provides adequate machinery to protect the rights of the consumers. However, the general public are not fully aware of their rights as consumers. Many a times, they are left wondering, what they would do when they are cheated by traders.

In such a context, it is imperative that awareness is created amongst the general public i.e. men, women and youths. Moreover, informal interaction with people reveals the need for such awareness programmes

Thus in this context, the Department of Social Work, Osmania University has been able to create awareness in

various parts of Greater Hyderabad with the sponsorship of the Deputy Commissioner (Supply)



Objectives:

- To enhance the awareness about Consumer Rights amongst general public in Greater Hyderabad

Target areas/Localities:

Four localities have been identified based on the programmes that were conducted in the previous years. i.e. new localities have been identified. The names of the localities are as follows:

1. Shamirpet
2. Nagaram
3. Malkajgiri
4. Secunderabad Cantonment.

Resource Persons:

For each programme, resource persons have been identified based on their expertise in different areas such as Consumer Protection Act, food safety, legal metrology and so on.

The Department of Social Work, Osmania University was entrusted with the responsibility to organize and conduct awareness programme, on “Consumer Protection Act” in different localities/target areas as mention above in Secunderabad city with the

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sponsorship of the Deputy Commissioner (Supply).

The programme was conducted in various community halls of the different localities, and the participants were mostly community leaders, residents of the localities and students from different schools in the community.

Apart from the talks by the Resource Persons, the students of different batches of the Department also enacted a role play in relation to the Consumer Protection Act in each programme. This is believed to enhance the understanding of people about the Act i.e. filing a complaint etc...

Programme:

As indicated earlier, there were different resource persons for each programme. The resource persons highlighted mainly the aspects of the Consumer Protection Act and the practical steps that one can take in the event of filing a complaint. The resource persons also encouraged the people to stand for their rights so that even the shopkeepers or service providers will not dare to do any malpractice.

The role plays performed by the students social workers in the community halls and also on the streets of one of the target area portrayed how people were being cheated by shopkeepers, vendors, taxi drivers etc. and how by the conscious act of individuals/groups who were aware of consumer rights act, helped the people from being cheated.

Moreover, the Department of Social Work also prepared a Pamphlet highlight the rights of consumers in English and Telugu languages. The pamphlets were distributed to the participants during the programme and also the students distributed them to the households in the community. This is hoped to have a more lasting effect on people as they

have in writing their rights and the procedure of filing a complaint.

Concluding Remarks:

The Awareness campaign on Consumer Rights has raised awareness amongst the people of the localities where the programmes were organized. Through the interaction with the people and schools students at the end of the programme, it was known that the programme benefited the people and the students as they were able to know and learn about Consumer Rights Act and how to avail the right, which they have never heard or learnt before.

It is important that as consumers each one of us should be aware of our rights, and make use of the privileges that the government has given us so that we, get what we deserve as consumers and for what we have paid and spent for.

As responsible citizen and consumers of goods and services it is important that we do not allow any kind of in justice, but our right if we see that there is injustice in order to protect oneself and our fellow citizens from any kind of injustice. As consumers, we should insist that legal provision work.

## Reproductive & Child Health Program



The rapidly growing population had been a major concern for health planners and administrators in India since independence. The result was the

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launching of National Family Planning Programme by the Government of India. India was the first country to have taken up the family planning programme at the national level. A CHANGED POLICY named as TARGET FREE APPROACH came into existence from 1.4.96. Thereafter, following the recommendations of the International Conference on population and Development (ICPD) held in Cairo in 1994, the Govt of India introduced the Reproductive & Child Health (RCH) package to supplement the MCH services in the country. Reproductive and Child Health Program is a major initiative in 9th Five year Plan from April, 1999 following the International Conference of Population Development in Cairo.

Poor health status of women and children in terms of high mortality and morbidity was another health priority in this country. Health facilities like hospitals and health centres were established for providing Maternal and Child Health (MCH) care through antenatal, intra-natal and post-natal services. In addition, a number of special programmes and schemes like immunization against vaccine preventable diseases, nutrition interventions like iron and folic acid distribution and vitamin A supplementation, diarrhoeal disease control through Oral Rehydration Therapy (ORT), Acute Respiratory Infection (ARI) control programme etc. were implemented over the past. In order to ensure maximum benefit from these programmes and to provide services in an integrated manner to these vulnerable group, the Child Survival and Safe Motherhood (CSSM) programme was implemented in India since 1992.

Despite all these efforts, desired impact on the population growth, health and

development of women and children could not be achieved in the country and the need for a new approach to the problem was well felt. In 1994, during the International Conference on Population and Development (ICPD), held in Cairo, it was recommended that a new approach needs to be adopted to tackle the problem. Under this approach, it was decided that family planning services should be provided as a component of the comprehensive reproductive health care.

Reproductive health approach implies that men and women will be well informed about and will have access to safe and effective contraceptive methods, women can go through pregnancy and child birth safely and that couples are provided with best chance of having a healthy infant.

Being one of the 180 participating countries of the ICPD conference, India also agreed to the decision taken during the conference to adopt the 'Reproductive Health' approach to the population issues. Accordingly, as a follow-up action to this conference, the Government of India launched the Reproductive and Child Health (RCH) programme in October, 1997.

Reproductive and Child Health (RCH) has been defined as a state in which

"People have the ability to reproduce and regulate their fertility;

women are able to go through pregnancy



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and childbirth safely, the outcome of pregnancy is successful in terms of maternal and infant survival and well being; and couples are able to have sexual relations free of the fear of pregnancy and contract diseases". This means that every couple should be able to have child when they want, that the pregnancy is uneventful, that safe delivery services are available, that at the end of the pregnancy the mother and the child are safe, well and that contraceptives by choice are available to prevent pregnancy and of contracting diseases.



With the new approach of the programme, it is expected that health personnel, including you, will be able to understand more easily and completely the needs of the population and deliver the services accordingly. The RCH programme is envisaged to provide an integrated package of services, which will include the following:

- Services for mothers during pregnancy, child birth and post-natal period, and also safe abortion services, whenever required.
- Services for children like newborn care, immunization, Vitamin A prophylaxis,
- Oral Rehydration Therapy (ORT) for diarrhoea, management of Acute
- Respiratory Infections (ARI), anaemia control etc.
- Services for eligible couples through availability and promotion of use of

- contraceptive methods, and infertility services when required.
- Prevention and management of Reproductive Tract Infections (RTIs) and
- Sexually Transmitted Infections (STIs).
- Adolescent health services including counselling of family life and reproductive health.

For rendering the above stated services, the new approach under the RCH programme places emphasis on client-oriented, need-based, high quality, integrated services to the beneficiaries. There has been major shift/change in the approach from the past and some of these important changes are:

- Target Free approach Based on Community Needs

In the past, the workload of the health functionaries was based on the centrally determined, contraceptive method-specific targets. Under the RCH programme, this method is withdrawn and in its place, you yourself can estimate your workload by using Community Need Assessment Based Approach (CNA).

Since 1996, the Government of India has started the implementation of this approach.

- Participatory Planning

The estimation of needs of services is required and its planning is to be actually undertaken by the health



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workers under your guidance with active involvement of and consultation with community members including women's groups, members of the Panchayat institutions etc.

- Emphasis on quality of care and client satisfaction

Under the RCH programme, special emphasis is placed on good quality of care.

Therefore, you have to ensure that all services provided are of good quality and acceptable to the clients. This can be achieved by ensuring practice of technically correct procedures while rendering various services. It also need better interpersonal relationship between clients and service providers. clients are to be informed them about causes and seriousness of their health problems, types of services currently available and place of service delivery. Counselling services are to be provided, whenever needed, so that the clients are able to take correct decisions for accepting the services. This, in turn, is



expected to increase satisfaction about with the services received. This will increase acceptance of the services further.

In RCH Programme, the contour has broadened with major emphasis on:

- Integrated delivery of services for fertility regulation
- Maternal health

- Child health
- Safe abortions
- Nutrition
- Communication for behavior changes
- RTIs / STIs
- Adolescent health

The essential elements of reproductive and child health services at the community and subcentre level are given below, this will help you to understand how the reproductive and child health services are to be provided at the community level.

The different services provided under RCH programme are mentioned hereunder.

For the mothers:

- Tetanus Toxoid Immunization
- Prevention and treatment of anaemia
- Antenatal care and early identification of maternal complications
- Deliveries by trained personnel
- Promotion of institutional deliveries
- Management of obstetric emergencies
- Birth spacing

For the children:

- Essential newborn care
- Exclusive breast feeding and weaning
- Immunization
- Appropriate management of diarrhoea
- Appropriate management of ARI
- Vitamin A prophylaxis
- Treatment of Anemia

For eligible couple:

- Prevention of pregnancy
- Safe abortion

Prevention and treatment of reproductive tract infection (RTI) and sexually transmitted diseases (STD).

# World AIDS Day

## Getting to ZERO

Zero new infections

Zero AIDS-related deaths

Zero stigma and discrimination

In 2000, the global community took an historic step in the United Nations Millennium Declaration by acknowledging the importance of an effective response to HIV/ AIDS and by placing it in the context of the broader development agenda. Among the many health targets that were then



established in the Millennium Development Goals (MDGs), MDG 6 calls for unprecedented action to halt and begin to reverse the AIDS epidemic. As the United Nations Member States implicitly recognized when they endorsed the Millennium Declaration, the persistent burden associated with communicable diseases undermines efforts to reduce poverty, prevent hunger and preserve human potential in the world's most resource-limited settings.

We are now less than two years from the deadline for the MDGs. Over the years, the gloom and disappointments chronicled in the early editions of the UNAIDS Global report on the AIDS epidemic have given way to more promising tidings, including historic declines in AIDS-related deaths and new

HIV infections and the mobilisation of unprecedented financing for HIV-related activities in low- and middle-income countries. Yet AIDS remains an unfinished MDG, underscoring the need for continued and strengthened international solidarity and determination to address this most serious of contemporary health challenges.

When the Millennium Development Goals were established at the dawn of this century, a lack of critical HIV treatment and prevention tools often hindered efforts to respond effectively to the epidemic. As this latest Global report makes clear, today we have the tools we need to lay the groundwork to end the AIDS epidemic.

This report highlights continued progress towards the global vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. The annual number of new HIV infections continues to decline, with especially sharp reductions in the number of children newly infected with HIV. More people than ever are now receiving life-saving antiretroviral therapy, contributing to steady declines in the number of AIDS-related deaths and further buttressing efforts to prevent new infections.

These achievements reflect the synergistic efforts of diverse stakeholders – the leadership and commitment of national governments, the solidarity of the international community, innovation by programme implementers, the historic advances achieved by the scientific research community and the passionate engagement of civil society, most notably people living with HIV themselves. As a result of working together, many countries are now within reach of achieving several of the key targets outlined in the 2011 UN Political

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Declaration on HIV and AIDS, and they are thus making clear progress towards MDG 6.



However, this report also includes notes of caution, as well as signs of stagnating progress towards other targets and elimination commitments in the 2011 UN Political Declaration. In several countries that have experienced significant declines in new HIV infections, disturbing signs have emerged of increases in sexual risk behaviours among young people. Stigma and discrimination remain rife in many parts of the world, and punitive laws continue to deter those most at risk from seeking essential HIV services.



Although total financial resources for HIV programmes in low- and middle-income countries rose modestly in 2012, our ability to lay the foundation for an end to the AIDS epidemic continues to be undermined by a major resource gap. These challenges are real, and they must be taken seriously if countries are

to achieve their AIDS targets. However, the enormous progress that this report describes highlights the undeniable fact that the AIDS response has encountered – and overcome – such challenges in the past.

As this report emerged, just over two years remain before we reach the deadline for targets and commitments made in the 2011 UN Political Declaration. It is my hope that countries will use the results summarised in this report – both the evidence of all that has been achieved, as well as proof of where countries are falling short – to redouble their determination to keep the commitments they have made. In addition to doing more, we also need to do better, improving the strategic focus of our work and enhancing the efficiency and effectiveness of our efforts.

In endorsing the 2011 UN Political Declaration, United Nations Member States aimed to outline a series of targets and elimination commitments that were ambitious and visionary. However, these targets remain achievable – if we recognize our shared responsibility for the AIDS response and put into practice the many lessons we have learned.



*Pintu who was born in Adoni village of Kurnool came to Arunodaya Trust. At that time he was only 6 years old. His parents were farm labourers and he would join them in the field every day instead of being at school. At the time of floods he lost his mother, younger brother and sister. His house was completely destroyed. After 3 months of this calamity he joined Arunodaya Trust and during the first days, he used to be nervous and a feeling of being alone seemed to be his constant*

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companion. He even tried to escape. But the love, care and affection provided by Venkat Rao, family members and co-workers made him forget all his old traumas and slowly won him over. He was admitted to 1st standard in St. Xavier's English medium school – Secunderabad. And to our utter surprise stood first in his first ever exam. He was well supported by his immediate Arunodaya Trust family, school teachers and classmates. Here he studied from 2nd to 4th standard and stood first in almost all exams. On observing his academic performance and his attitude towards his studies he was sent to one of the best schools of Secunderabad namely Chaitanya Academy, where he studied from 5th to 8th. Here too he stood first in all his exams.



*It's painting, which is Jeevitha's passion. She was only 3 when her parents passed away and soon after she was brought to Arunodaya Trust. Her life underwent a huge positive transformation as she got another opportunity to thrive in a loving family environment with a dedicated mother and brother and sisters. She developed a flair for painting at an early age and it soon became her favorite pastime and the best loved hobby.*

*Jeevitha captures moments through her paintings. She also loves to draw faces. She goes to a nearby school and loves to study Science. Her teachers call her an all-rounder. It's no wonder with that with her love for science she dreams of growing up to be a scientist.*

## INDIVIDUAL GIVING

"We make a living by what we get. We make a life by what we give." — Winston Churchill Individuals worldwide have been the biggest change makers. In the year 2014-15 India has witnessed interesting turn of events by becoming the third largest economy globally. However while there is much to cheer the bad news is that India is still at 93rd position of the Global Giving standards for charity. India still has a tendency to donate in typical months which is mainly the tax saving months. While charity in India has primarily been through monetary contributions over the years, during the last year volunteering of individuals has seen a sharp rise. Arunodaya Trust of India has traditionally been supported by overseas donors, however lately due to recession and tougher economic conditions they are finding it difficult to sustain their contributions, hence we are at a risk of losing support. Last year, more than 70% of support came of individuals. More than 7,000 new friends joined us making our family stronger. The contributions grew over 30% from the previous year. We upgraded our website, initiated toll free services, and provided regular updates on Facebook, YouTube and other social media. We kept a strong vigil on the cost of fundraising and convinced many donors to support us online; We have also started moving to a paperless service wherever possible thus helping environment and also cost.

Sponsorship Options: You can opt for any of these ways to support our cause:

- A. Sponsor a child by donating only Rs. 1600 a month.
- B. Sponsor a child by donating only Rs. 7,800 a year. This one-time donation will help a child grow up in a loving and caring Trust family.
- C. Sponsor a child and his education by donating only Rs. 15,600 a year.