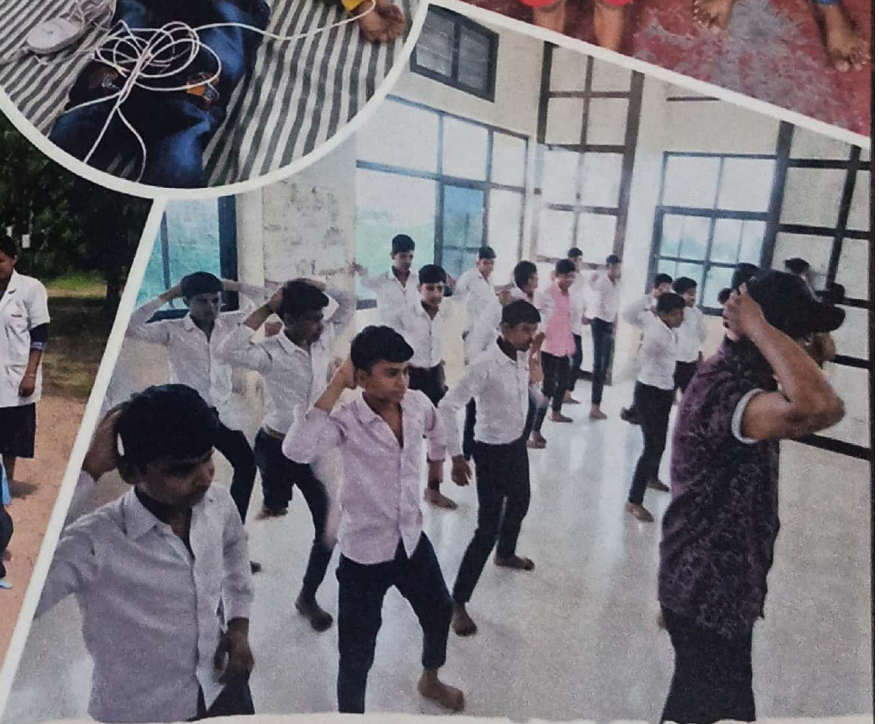
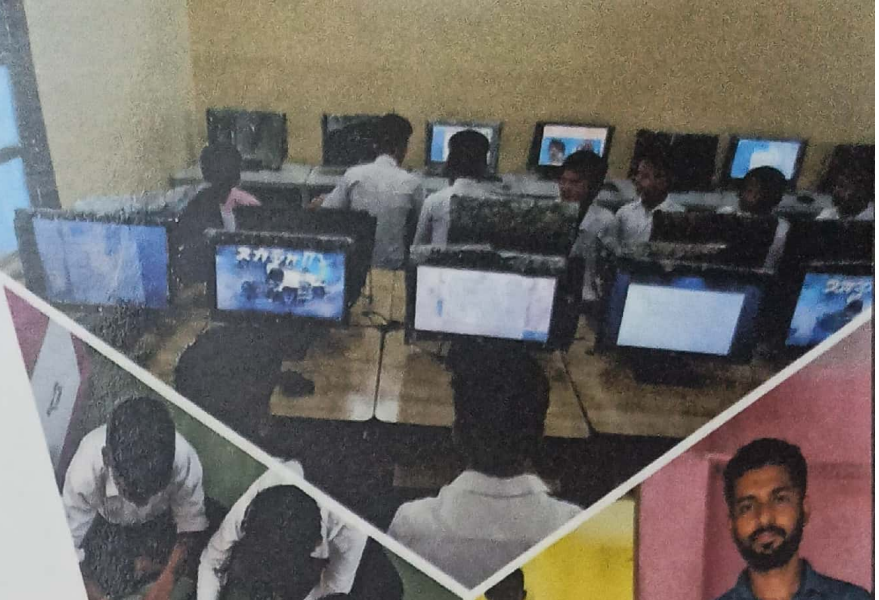




TAABAR

Reaching Out | Restoring Hope | Rebuilding Lives

ANNUAL REPORT 2025-26



*“ Every child has a dream.
Every helping hand makes it possible. ”*

Together, we build a brighter tomorrow.



Message from the Seceretary

Dear Friends,

As I reflect on the journey of TAABAR Society during FY 2025-26, I am filled with gratitude, humility, and hope. What began nearly two decades ago as a small effort to support vulnerable children at Jaipur Railway Station has today grown into a multifaceted organization working across child protection, healthcare, education, rehabilitation, adolescent empowerment, HIV prevention, and community development. This year, like many others in the social development sector, brought its own set of challenges. Rising operational costs, increasing compliance requirements, evolving regulatory frameworks, changing donor priorities, and the growing complexity of social issues have required organizations to be more adaptive, accountable, and innovative than ever before. At the same time, the needs of vulnerable children, women, and marginalized communities continue to demand sustained attention and collective action. Despite these challenges, TAABAR remained committed to its mission. Through our shelter care programmes, mobile health and counselling services, community outreach initiatives, medical support interventions, adolescent empowerment programmes, and targeted prevention efforts, we continued to reach those who need support the most. Every child protected, every girl empowered, every family strengthened, and every life touched reaffirms the purpose of our work. This year also reinforced the importance of strong institutional systems. We continued to strengthen financial management, programme monitoring, safeguarding practices, statutory compliance, governance mechanisms, and transparency standards. Our commitment to accountability and responsible stewardship remains central to the trust placed in us by donors, partners, government agencies, and communities.



On behalf of TAABAR Society, I extend my heartfelt gratitude to our children and families, whose resilience inspires us every day; to our dedicated staff members, outreach workers, counsellors, caregivers, and volunteers who work tirelessly in the field; to our Board Members for their guidance and governance; to our interns, visitors, well-wishers, friends, and supporters who continue to stand with us; and to our donors, corporate partners, foundations, hospitals, educational institutions, and government departments whose trust and collaboration make this work possible. I would also like to acknowledge the valuable contribution of child protection authorities, law enforcement agencies, healthcare professionals, social welfare departments, and community leaders who have partnered with us in creating safer and more inclusive environments for vulnerable children and families. As we look ahead, TAABAR remains committed to strengthening child protection systems, expanding preventive healthcare initiatives, promoting adolescent wellbeing, supporting family strengthening efforts, enhancing community participation, and leveraging innovation and partnerships to create greater impact. We believe that lasting change can only be achieved when communities, institutions, and individuals come together with a shared commitment to dignity, equity, and opportunity for all. Thank you for being a part of this journey. Your trust, encouragement, and support continue to strengthen our resolve to build a safer, healthier, and more compassionate society.

With warm regards,

Ramesh Paliwal

Secretary, TAABAR Society

ABOUT TAABAR SOCIETY

TAABAR Society was born from a simple yet powerful concern: what happens to a child who has no safe place to sleep, no one to protect them, and no opportunity to dream?

In 2006, our journey began at Jaipur Railway Station, where a small group of committed social workers started reaching out to children living on platforms and in surrounding areas. These children were exposed to multiple risks including homelessness, abuse, child labour, substance dependence, exploitation, poor health, and exclusion from education. To provide immediate support, a small rented flat was arranged where a handful of children received meals, basic education, counselling, and healthcare support. As the initiative began demonstrating meaningful impact, it was formally registered as TAABAR Society in 2007, laying the foundation for a structured and sustainable response to the needs of vulnerable children.

While these efforts offered temporary relief, one challenge remained deeply troubling. Every evening, children had to return to the railway station because there was no facility where they could safely spend the night. The fear that they could fall victim to Child Labour, exploitation, violence, substance abuse, or other forms of harm reinforced the need for a more permanent solution.

Recognizing the urgency of the situation and the impact of the work being carried out, the Government and Jaipur Municipal Corporation extended support by providing space near Jaipur Railway Station. This led to the establishment of Bal Basera, an emergency shelter that became a safe haven for vulnerable children in need of care and protection.

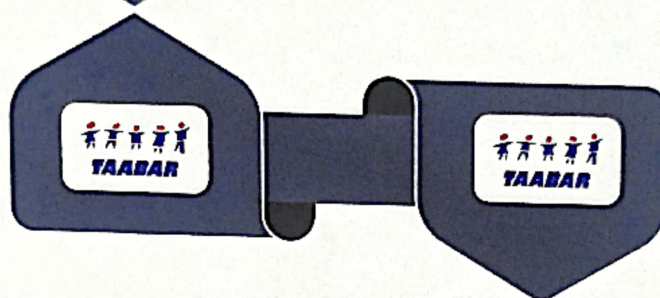
What began as a small initiative for a few children gradually evolved into a comprehensive child protection and community development organization. Today, TAABAR works across child protection, family strengthening, health and nutrition, education support, rehabilitation, adolescent empowerment, community outreach, livelihood promotion, HIV prevention, and emergency medical assistance.

Over the years, TAABAR has developed strong partnerships with government departments, district health society, CMHO, statutory bodies, hospitals, educational institutions, civil society organizations, donors, and community networks. Through shelter care, outreach programmes, mobile health services, rehabilitation support, counselling, awareness initiatives, and system strengthening efforts, thousands of vulnerable children, women, and families have been connected to protection, healthcare, education, and opportunities for a better future.

At its heart, TAABAR continues to remain guided by the same belief that inspired its founding journey: every child deserves safety, dignity, care, and the opportunity to reach their full potential.



"TAABAR's mission is to ensure the protection of children's rights and entitlements and to empower communities through Capacity Building, Awareness, Behavioural Change, Rehabilitation, and Systems Strengthening."



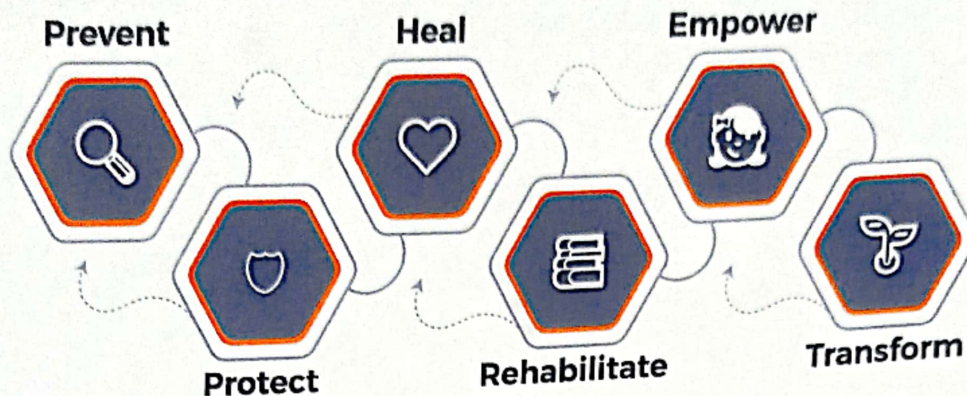
"To build a free, caring and fair society for vulnerable and neglected communities with equal opportunities especially to children and women"



Our Aims

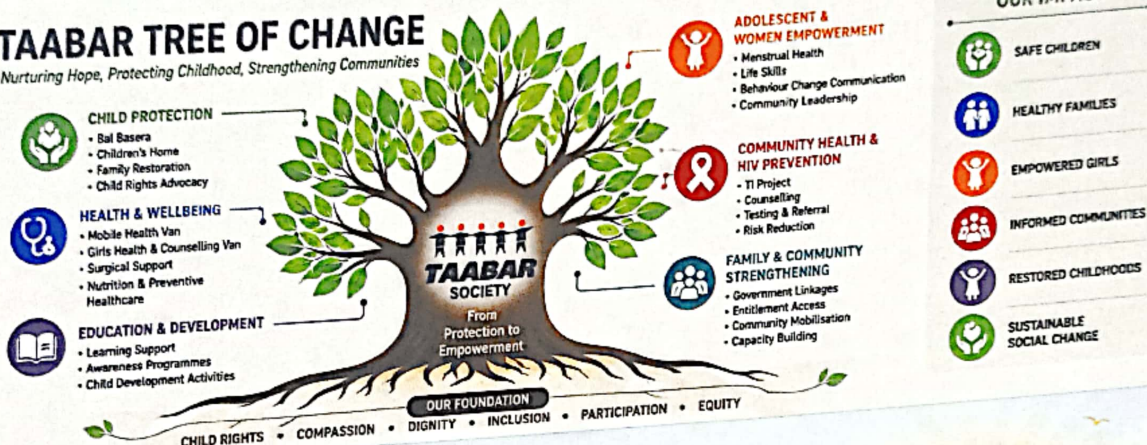
- To provide care and protection to children in need.
- To preserve and protect their childhood rights at state, national and international level.
- To bring children in need back into the life and mainstream of society by providing them with life's basic necessities.
- To make society aware of the need to help protect this vulnerable group from risk.
- Networking and liaison with government departments and child rights champions for the same cause.
- To provide rehabilitation and referral services for children in special need.
- To create public awareness about the problems and needs of children in distress.
- To improve the health and well-being of vulnerable children by providing timely medical care, life-saving surgeries, and mental health services.

OUR APPROACH



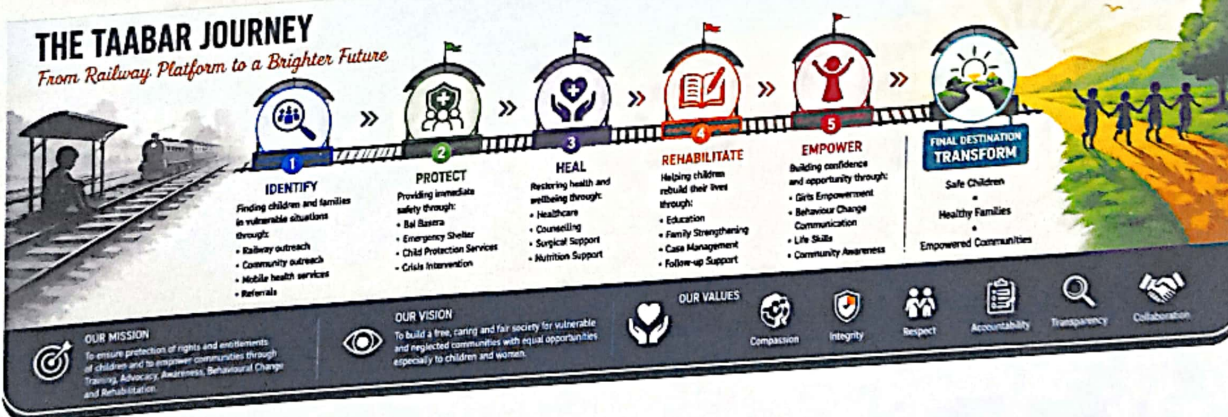
TAABAR TREE OF CHANGE

Nurturing Hope, Protecting Childhood, Strengthening Communities



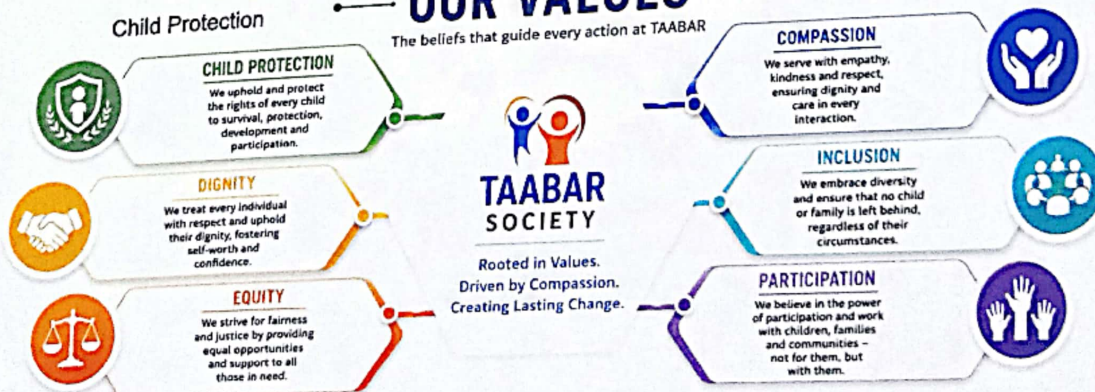
THE TAABAR JOURNEY

From Railway Platform to a Brighter Future



OUR VALUES

The beliefs that guide every action at TAABAR



Mobile General Health & Counselling Van for Children

Children living in urban slum settlements continue to face significant barriers in accessing timely healthcare, preventive services, and government health schemes. During FY 2025-26, the Mobile General Health & Counselling Van continued to provide essential healthcare, counselling, referral, and preventive health services to children and adolescents living in vulnerable urban slum communities. Through regular outreach visits across 26 slums under 6 clusters, the intervention improved access to community-based healthcare while strengthening awareness on hygiene, nutrition, adolescent health, and child protection.

DISTRIBUTION OF COMPLAINTS

Apr 2025 – Mar 2026



TOTAL
CONSULTATIONS
8,335



CHILDREN &
ADOLESCENTS REACHED
8,335



SLUMS COVERED
26



CLUSTERS COVERED
6

DISTRIBUTION OF COMPLAINTS

S. No.	COMPLAINTS	TOTAL CASES
1	Cold Cough & Fever	2,117
2	Injury	461
3	Abdominal pain	892
4	Diarrhoea	766
5	eye problem/ear discharge	664
6	Dental	434
7	Skin diseases	573
8	Joint pain	1,079
9	Anaemic	73
10	Weakness	501
11	Hair fall	113
12	Gastritis/constipation	246
13	PID	12
14	FACE PIMPLE	404
TOTAL		8,335



OUR OUTREACH FOOTPRINT

Reaching the Unreached – 26 Urban Slums Across 6 Clusters

26
Slums
Covered

6
Clusters

8,335
Children &
Adolescents
Reached

Through sustained outreach and trust building, our Mobile Van MVI reached 26 slums under 4 clusters, ensuring preventive healthcare and social protection support for thousands of children and families.

CLUSTER-WISE SLUM COVERAGE & BENEFICIARIES



Our mobile health van travels across dense settlements, railway sides, kacchi bastis and migrant communities to deliver healthcare, referrals and entitlement support.

CLUSTER	SLUMS COVERED IN THIS CLUSTER	TOTAL BENEFICIARIES
1 KAGDIWARA CLUSTER 5 Slums	Kagdiwara Sarai Bawdi Basti Khore Bawal Kacchi Basti Bharat Nagar Kacchi Basti V.K.I. Slum Area	1,508
2 JHALANA CLUSTER 4 Slums	Jhalana Sutmel Kacchi Basti Bhatta Basti Lal Khan Kunda Basti	1,558
3 KHOR CLUSTER 4 Slums	Anand Vihar (Marblegh Badara) Khor Kashy Vihar Basti Pashu Hatwara Basti	1,105
4 LUNIYAWAS 1ST CLUSTER 5 Slums	Luniyawas 1st Mirgahi Basti Madarampora Pail Plant Basti Flamingo Sneh School (A) Flamingo Sneh School (B) Shahad Ki Puliy (Chund Nadi)	1,762
5 LUNIYAWAS 2ND CLUSTER 5 Slums	Luniyawas 2nd Paladi Meena Basti Mangawas Banjara Basti Sumei Basti Alka Kacchi Basti	1,837
6 ISOLATED COMMUNITIES CLUSTER 3 Slums	Bogariya Basti Banjara Basti Sapara Basti	565

Note: Data from April 2025 to March 2026

OVERALL OUTREACH SUMMARY

Total Children & Adolescents Reached
8,335

Total Slums Covered
26

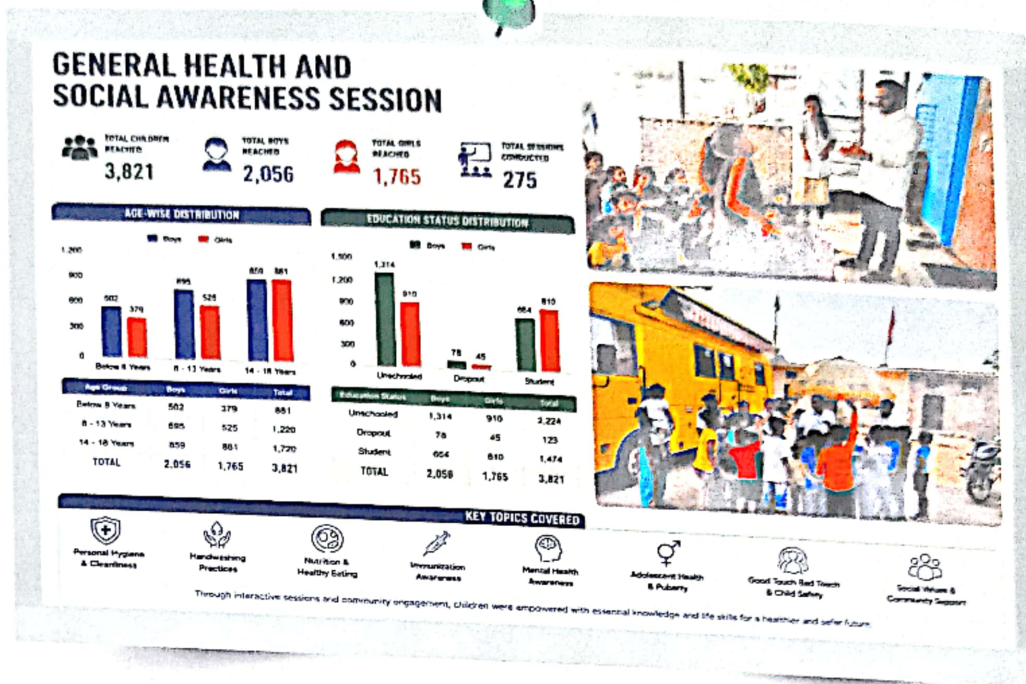
Total Clusters Covered
6

“Every visit builds trust, every service brings relief, and every child we reach takes us closer to a healthier, safer community.”



- **Key Insights**
- The Mobile Van reached 8,335 children and adolescents through health consultations and outreach services across underserved settlements.
- A total of 275 General Health & Social Awareness Sessions were conducted, engaging 3,821 children and adolescents, including 2,056 boys (54%) and 1,765 girls (46%).
- The sessions focused on key issues affecting children and adolescents such as health & hygiene, nutrition, drug addiction, child protection, personal hygiene, hormonal changes, and safe touch awareness. The outreach highlighted the growing need for continuous preventive health education and counselling support within underserved slum communities, particularly around sanitation practices, nutrition awareness, adolescent health, and child safety.
- “More than 70% of participating children demonstrated improved understanding of key health, hygiene, and safety concepts following the awareness sessions.”
- Adolescents aged 14-18 years constituted the largest participant group (45%), indicating growing demand for age-appropriate information on health, puberty, nutrition, safety, and life skills.
- Community outreach enabled early identification of common health concerns and facilitated timely referrals for children requiring further medical attention.
- The intervention successfully reached a large proportion of children outside regular institutional health systems, including vulnerable and educationally disadvantaged groups.
- Identified children with cardiac and other serious health conditions and ensured timely access to specialized medical treatment and life-saving surgeries.

Emerging Issues and Observations



- Respiratory illnesses, seasonal infections, gastrointestinal complaints, and hygiene-related conditions remained prominent health concerns among children living in slum communities.
- Poor sanitation, overcrowded living conditions, inadequate menstrual hygiene management, and limited preventive healthcare practices continued to contribute to recurring illnesses and health vulnerabilities.
- The high participation of adolescents highlighted the increasing need for sustained awareness and counselling on adolescent health, menstrual hygiene, personal hygiene, mental wellbeing, and child safety.
- Distribution of hygiene kits and sanitary pads complemented health awareness efforts by promoting healthy hygiene practices, improving menstrual hygiene management, and encouraging positive health-seeking behaviour among adolescent girls.
- Significant engagement with out-of-school and educationally vulnerable children underscored the importance of community-based platforms for preventive healthcare, health education, and timely referral services.
- Continued investment in preventive healthcare, hygiene promotion, nutrition, and community awareness is essential to reduce preventable illnesses and strengthen the overall health and wellbeing of vulnerable children and adolescents.

Overall, the Mobile General Health & Counselling Van continues to serve as an important bridge between vulnerable urban communities and essential child-focused healthcare services, contributing to improved awareness, early intervention, and healthier outcomes for children and adolescents.

Mobile Health and Counselling Van for Girls

Adolescent girls living in urban slum communities often face limited access to healthcare information, counselling support, menstrual hygiene awareness, and timely medical care. During FY 2025-26, the Mobile Health & Counselling Van for Girls continued to provide community-based outreach services focused on adolescent health, hygiene awareness, counselling, preventive care, and referral support across vulnerable settlements.

➤ Services Offered

OPD consultations, referral support, Aadhaar & Ayushman documentation assistance, health awareness sessions, follow-up support, and individual counselling.

➤ Key Highlights

During FY 2025-26, the programme reached 7,502 girls across 26 slums and 6 clusters, with an average monthly reach of 625 girls.

➤ Impact

The initiative created safe spaces where girls could openly discuss health concerns, seek guidance, and access healthcare services. Increased participation reflected growing awareness, confidence, and positive health-seeking behaviour among adolescent girls.

MOBILE GENERAL HEALTH AND COUNSELLING VAN FOR CHILDREN

Reaching the Unreached - 26 Urban Slums Across 6 Clusters

26
Slums
Covered

6
Clusters
Covered

8,335
Children &
Adolescents
Reached

CLUSTER-WISE SLUM COVERAGE & BENEFICIARIES



CLUSTER	SLUMS COVERED IN THIS CLUSTER	TOTAL BENEFICIARIES
1 KAGDIWARA CLUSTER 5 Slums	- Kagdiwara - Saral Bawdi Basti - Khora Bawal Kacchi Basti - Bharat Nagar Kacchi Basti - VKI Slum Area	1,508
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6 ISOLATED COMMUNITIES CLUSTER 3 Slums	- Bagariya Basti - Banjara Basti - Sapera Basti	565



496
Aadhar
Updates

587
New
Enrollments

782
Ayushman Card
Generated

Mobile Health and Counselling Van for Girls

Health Concerns & Counselling Support

The annual health profile revealed that menstrual and reproductive health concerns accounted for nearly two-thirds of all reported complaints, with dysmenorrhoea, PID, and UTI emerging as the most common health issues among adolescent girls. These findings underline the continued need for accessible healthcare services, menstrual hygiene education, and timely medical intervention in underserved communities.

Recognizing that many girls are often hesitant to openly discuss personal and reproductive health concerns, the programme placed strong emphasis on counselling and trust-building. During the year, 894 individual counselling sessions helped girls speak more freely about issues that might otherwise remain unreported or untreated.

These confidential interactions enabled outreach teams to better understand underlying reproductive health concerns, provide appropriate guidance, facilitate referrals where needed, and support girls in seeking timely healthcare. The growing willingness of girls to share sensitive concerns reflected increased trust, confidence, and positive health-seeking behaviour.

GIRLS' HEALTH CONCERNS - ANNUAL OVERVIEW

Mobile Health & Counselling Van for Girls



TOTAL HEALTH CONSULTATIONS

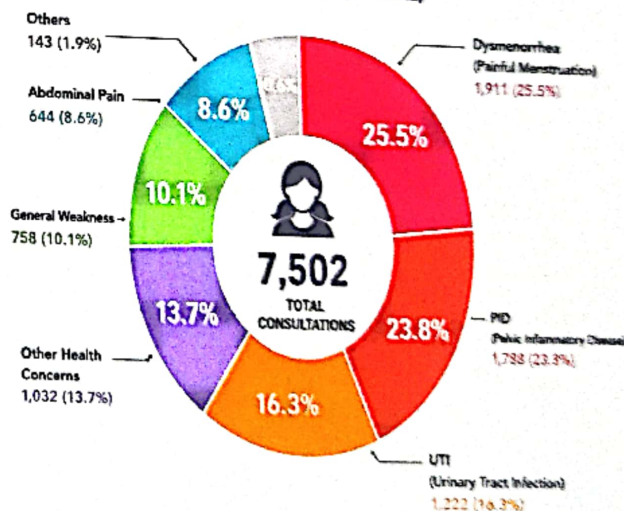
7,502

Girls Below 18 Years

COMPLAINTS BY CATEGORY (ANNUAL TOTAL)

S. No.	Complaints	Cases	% Share
1	PID (Pelvic Inflammatory Disease)	1,788	23.8%
2	UTI (Urinary Tract Infection)	1,222	16.3%
3	PCOD	47	0.6%
4	Abdominal Pain	644	8.6%
5	Dysmenorrhoea (Painful Menstruation)	1,911	25.5%
6	Scanty Period	30	0.4%
7	Metrorrhagia (Irregular Bleeding)	6	0.1%
8	Menorrhagia (Heavy Menstrual Bleeding)	64	0.9%
9	General Weakness	758	10.1%
10	Other Health Concerns	1,032	13.7%
TOTAL		7,502	100%

SHARE OF COMPLAINTS (ANNUAL)



Dysmenorrhoea, PID and UTI together accounted for

65.6%
of all complaints.



KEY HIGHLIGHTS

Menstrual and reproductive health concerns emerged as the most significant healthcare needs among adolescent girls.



Regular counselling, awareness sessions and referrals enabled early identification and management of common health concerns.

Note: All figures represent number of female beneficiaries below 18 years of age.

AWARENESS SESSIONS

Menstrual Health & Hygiene Management and Other Growing Girls' Issues

Annual Overview (Apr 2025 – Mar 2026)

275
TOTAL SESSIONS
CONDUCTED

4,241
TOTAL GIRLS
ATTENDED SESSIONS

15.4
AVERAGE GIRLS
ATTENDED PER SESSION

894
TOTAL COUNSELLING
SESSIONS CONDUCTED



EDUCATIONAL STATUS OF GIRLS

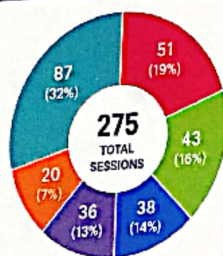
1,715 (40%)
Non-school Going

934 (22%)
Drop-out

1,592 (38%)
Students

4,241 (100%)
TOTAL

SESSIONS CONDUCTED ACROSS CLUSTERS



- Kagdiwara Cluster
- Jhalana Cluster
- Khori Cluster
- Luniyawas 1st Cluster
- Luniyawas 2nd Cluster
- Isolated Community Cluster

TOTAL COUNSELLING SESSIONS CONDUCTED

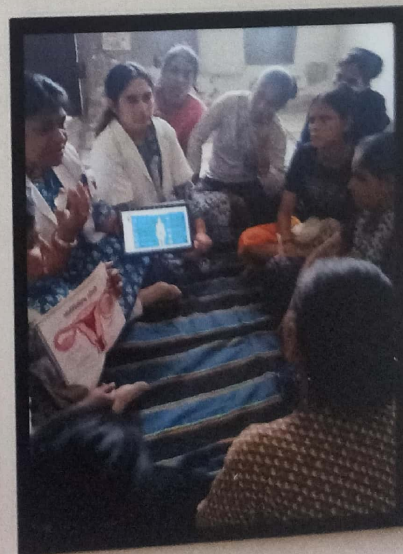
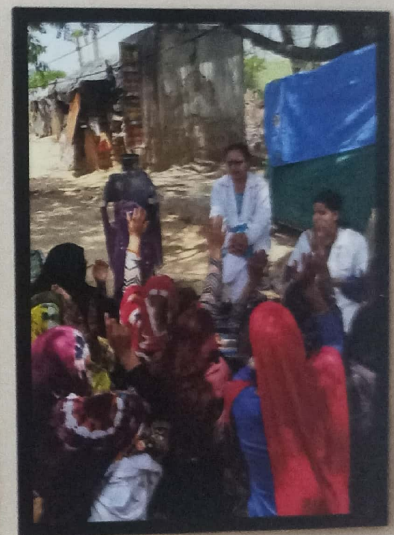
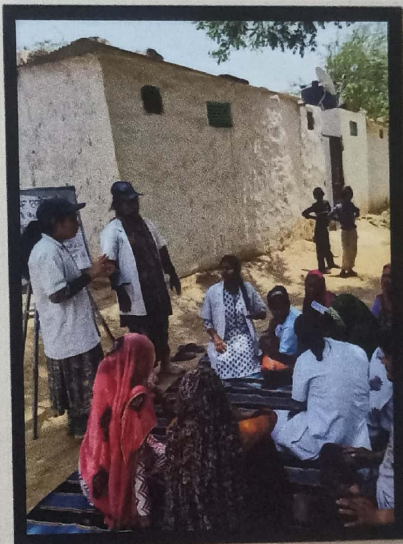
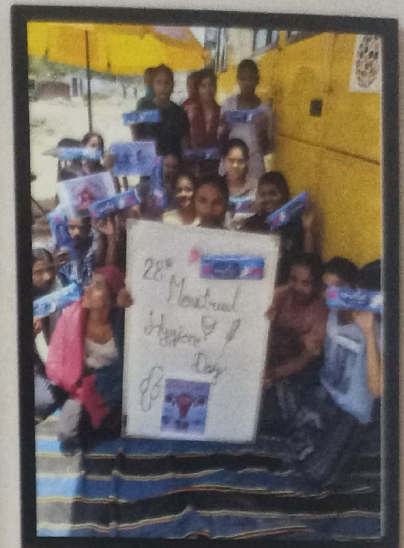
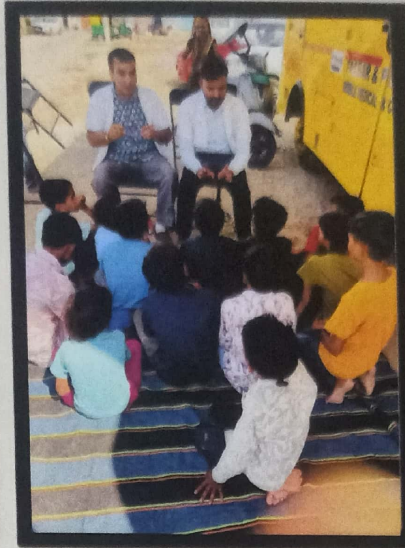
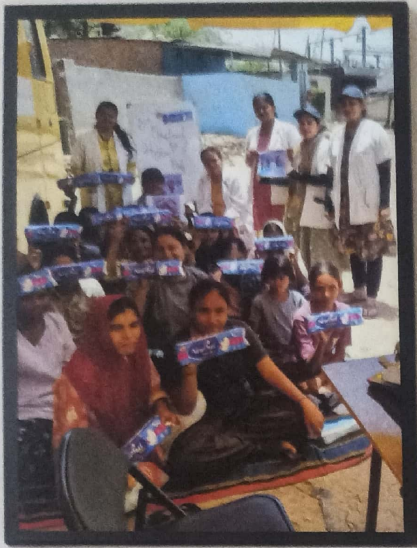
894
TOTAL COUNSELLING
SESSIONS CONDUCTED

* Figures in brackets indicate percentage share.

The programme reached 4,271 girls through 275 awareness sessions conducted across 26 slum settlements under 6 outreach clusters. Health awareness and counselling sessions were conducted throughout the year on menstrual health, reproductive health, PCOD, nutrition, anaemia prevention, personal hygiene, mental wellbeing, and access to healthcare services. Reaching both school-going and out-of-school girls, the sessions provided a safe platform for learning, discussion, and counselling, helping improve awareness, confidence, and positive health-seeking behaviour among adolescent girls.

- **Menstruation with Dignity**
Health awareness sessions, counselling, and the distribution of Dignity Kits (including sanitary pads and essential hygiene materials) helped girls manage menstruation safely, improve personal hygiene, and gain greater confidence in discussing menstrual health without stigma.
- **Education Gap Remains Significant**
Nearly 59% of participants were out-of-school or school dropouts, highlighting the continued need for integrated interventions addressing education, health, and social protection.
- **Building Trust & Voice**
Regular counselling created safe spaces where girls increasingly shared personal and reproductive health concerns, enabling early identification of health issues and encouraging timely healthcare-seeking behaviour.

Glimpses of Awareness Session



Surgical Support: Restoring Hope Through Timely Life-Saving Medical Care

For families living in poverty, a serious illness often becomes more than a medical crisis—it becomes a struggle between survival and affordability. During 2025-26, TAABAR Society continued its Surgical Support initiative to ensure that vulnerable children suffering from congenital heart diseases and other critical medical conditions received timely diagnosis, treatment, and life-saving surgeries.

Many of the children supported during the year were living with breathlessness, recurrent infections, delayed growth, fatigue, pneumonia, and severe weakness since birth. Most belonged to marginalized communities where access to specialized healthcare remained limited. Parents—many of them daily wage labourers, drivers, domestic workers, or single mothers—had exhausted their savings seeking treatment without receiving appropriate diagnosis or specialist care. For several families, even meeting daily household expenses was a challenge, making life-saving surgery financially impossible.

Through medical outreach camps, community referrals, hospital coordination, counselling, and follow-up support, TAABAR connected critically ill children with specialized hospitals for investigations, treatment, and life-saving surgical interventions. The programme stood beside families throughout the entire treatment journey—from identification and diagnosis to admission, surgery, recovery, and post-operative follow-up. The initiative also reinforced the importance of early diagnosis and timely intervention. Children identified through community outreach were referred before their conditions became life-threatening, significantly improving the success of treatment and life-saving surgeries.

Beyond medical care, the programme restored hope to families who had nearly lost faith in their child's future. Parents who once feared losing their children witnessed them gradually regain strength, breathe comfortably, return to school, and enjoy healthier childhoods after receiving timely treatment and life-saving surgery.

strength, breathe comfortably, return to school, and enjoy healthier childhoods after receiving timely treatment and life-saving surgery.

Through compassionate care, strong institutional partnerships, and continued donor support, TAABAR's Surgical Support Programme continues to ensure that poverty never becomes a barrier to life-saving healthcare and surgery for vulnerable children.

PROGRAMME SNAPSHOT (2025-26)



18

CHILDREN SUPPORTED

through investigations, life saving surgeries, and advanced medical health care



15+

LIFE SAVING SURGERIES FACILITATED

Including TOF, PDA, ASD, VSD, COA and other congenital heart conditions

INTEGRATED SUPPORT PROVIDED



DIAGNOSTIC INVESTIGATIONS
Accurate diagnosis through essential tests and assessments



SURGICAL COORDINATION
End-to-end support for life saving surgery planning and hospital coordination



HOSPITAL ADMISSION SUPPORT
Assistance with admission, documentation and hospital formalities



PARENT COUNSELLING
Emotional support and guidance for families during critical times



FOLLOW-UP & RECOVERY CARE
Post-surgery follow-up, medication support and recovery monitoring



REFERRAL LINKAGES
Connecting children and families with healthcare services through community outreach



Every life saving surgery is more than a medical procedure—
it is a second chance at life, a restored childhood,
and a renewed hope for a brighter tomorrow.



Through compassionate care, strong institutional partnerships, and continued donor support, TAABAR's Surgical Support Programme continues to ensure that poverty never becomes a barrier to life-saving healthcare and surgery for vulnerable children.

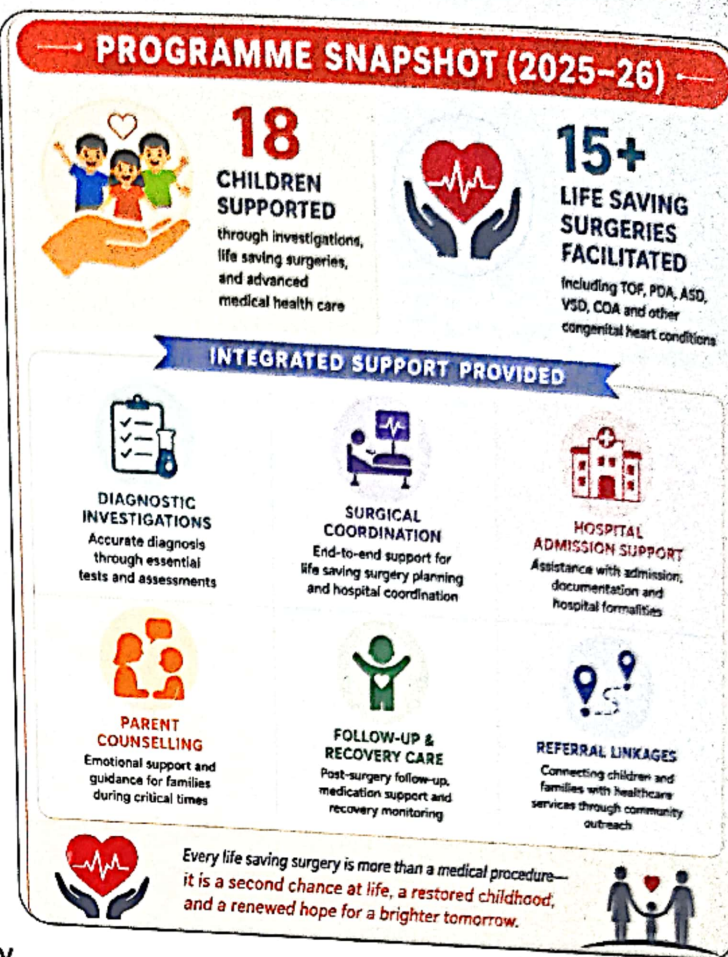
Through medical outreach camps, mobile health services, referrals, hospital coordination, counselling, and follow-up support, TAABAR helped connect critically ill children with specialized treatment and surgical care. The programme supported families throughout the treatment journey—from identification and investigations to admission, surgery, recovery, and follow-up care. The initiative also highlighted the importance of early diagnosis and timely intervention.

Children identified through community outreach were linked to hospitals before their conditions became life-threatening, significantly improving recovery outcomes.

Beyond medical support, the programme restored hope to families who had nearly lost faith in their child's future. Parents who once feared losing their children witnessed them gradually regain strength, breathe comfortably, return to school, and begin living healthier childhoods. Through compassionate care, institutional partnerships, and continued donor support, TAABAR's Surgical Support Programme continues to ensure that poverty does not become a barrier to life-saving healthcare for vulnerable children.

Medical Impact at a Glance

-  Majority of cases involved congenital heart defects.
-  Early identification enabled timely treatment.
-  Treatment facilitated through CKS, Narayana & Manglam Hospitals.
-  End-to-end support from referral to surgery and follow-up.
-  Average follow-up period: 5–6 months.
-  Continuous monitoring and follow up, home visits ensured improved recovery outcomes.



Surgical Case Study : 1 A New Beginning for Master Advik

Five-year-old Master Advik from Jaipur's Kagdiwada slum was born with a congenital heart defect (Ventricular Septal Defect). His father, a daily wage tailor, struggled to provide even basic necessities, making life-saving heart surgery impossible. As Advik's condition worsened with breathlessness, chest pain, and recurrent illness, TAABAR's Mobile Health Clinic identified the severity of his condition and immediately referred him for specialized cardiac care. Following diagnostic investigations, TAABAR coordinated donor support, completed all documentation, and facilitated Advik's VSD closure procedure at CKS Hospital. The surgery was successful, and after careful monitoring in the ICU, Advik recovered well and was discharged within two days. Today, he continues to receive regular follow-up support through TAABAR, giving him the opportunity to live a healthier and more active childhood.



Case Study : 2 Sadhna's Heart of Hope

Three-year-old Sadhna from Luniyawas was brought to TAABAR's Mobile Health Clinic with persistent breathing difficulties. During examination, doctors detected an abnormal heart sound and discovered that she had been living with a congenital heart defect since birth. Her parents, daily wage labourers living in extreme poverty, had never been able to afford the treatment their daughter desperately needed. TAABAR arranged specialist investigations, prepared her case for donor approval through Chain of Hope, and facilitated life-saving cardiac surgery. Following successful surgery and intensive post-operative care, Sadhna recovered steadily and was discharged in stable condition. Her grateful parents described TAABAR's support as giving their daughter a second chance at life—a powerful reminder of how timely intervention can transform the future of vulnerable children.



Beyond Outreach: Evidence of Change

TAABAR's Mobile Health & Counselling Van for Girls goes beyond service delivery by measuring whether awareness sessions lead to meaningful learning and behavioural change. Pre- and post-session assessments conducted during FY 2025-26 revealed significant improvements in girls' knowledge, confidence, and understanding of key health issues affecting their wellbeing.

The most notable changes were observed in menstrual health, hygiene management, and adolescent reproductive health. Before the sessions, awareness levels on menstruation-related topics ranged between 60-80 percent. Following the interventions, correct responses increased to 90-100 percent across most sessions, indicating substantial knowledge gains. Understanding of the correct age of menarche, menstrual hygiene practices, and common concerns such as white discharge improved significantly, while the proportion of girls unable to answer basic menstrual health questions reduced to below 10 percent in many groups. Similarly, awareness regarding adolescent reproductive health and PCOD (Polycystic Ovarian Disease) showed remarkable improvement. Knowledge levels increased from approximately 50-67 percent during pre-tests to 89-100 percent in post-session assessments. Girls demonstrated a better understanding of symptoms, causes, prevention, and the importance of seeking timely medical consultation for reproductive health concerns. Beyond knowledge gains, the programme contributed to important qualitative changes. Girls became more confident discussing topics that are often surrounded by silence, stigma, and misinformation. Menstruation and reproductive health issues were discussed more openly, helping normalize conversations that are rarely addressed within vulnerable communities. Increased awareness encouraged healthier hygiene practices, reduced myths and misconceptions, and strengthened girls' willingness to seek support when required.

Field teams also observed a positive shift in health-seeking behaviour. Participants showed greater confidence in approaching outreach workers, healthcare providers, and caregivers regarding menstrual and reproductive health concerns. Many girls reported feeling better informed and more capable of making decisions related to their health and wellbeing. The most meaningful outcome was not only improved knowledge scores, but the confidence with which adolescent girls began discussing sensitive health issues, seeking timely support, and making informed choices about their future wellbeing.

"The most significant change was not only improved knowledge scores, but the confidence with which girls began discussing health issues that were previously considered taboo."



1. BAL BASERA OPEN SHLETER HOME

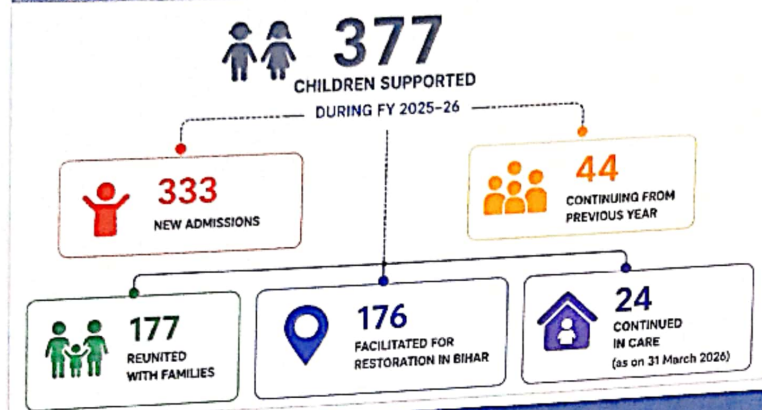
BAL BASERA OPEN SHELTER HOME

RESCUE • RECOVERY • REINTEGRATION



Providing safety, care and hope to children so they can dream, heal and build a better tomorrow.

1. CHILDREN'S JOURNEY: FROM RESCUE TO REINTEGRATION



2. CHILDREN RESTORED ACROSS MULTIPLE STATES



Children were safely restored and reunited across multiple states through coordinated child protection mechanisms and inter-state collaboration.

3. RECOVERY AT A GLANCE



100%
COUNSELLING
SUPPORT



100%
NUTRITION &
HYGIENE SUPPORT



REGULAR
MEDICAL CARE
FOR ALL CHILDREN



Hb IMPROVEMENT
+2-3 gm/dl
(on average)



**AVERAGE
WEIGHT GAIN**
1-2 kg
after stabilization support



“ For children arriving from situations of exploitation, neglect, and uncertainty, recovery often begins with safety, care, and the assurance that they are protected. ”

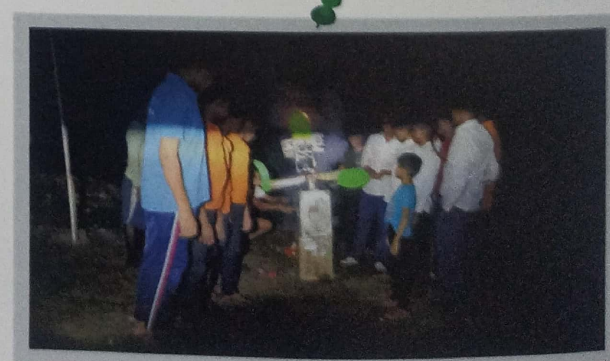
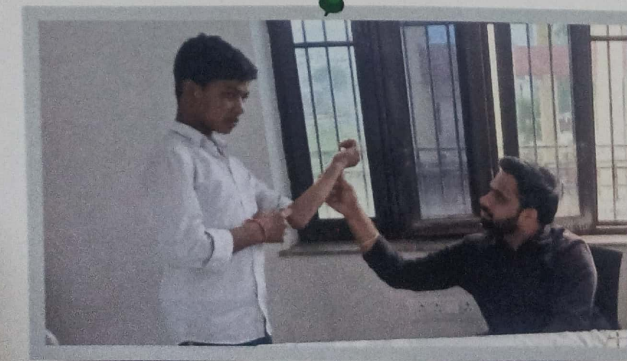
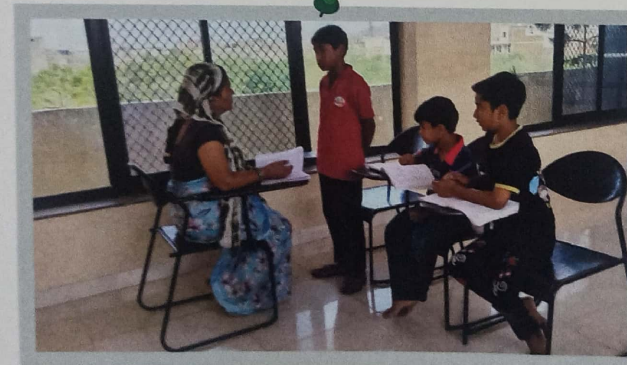
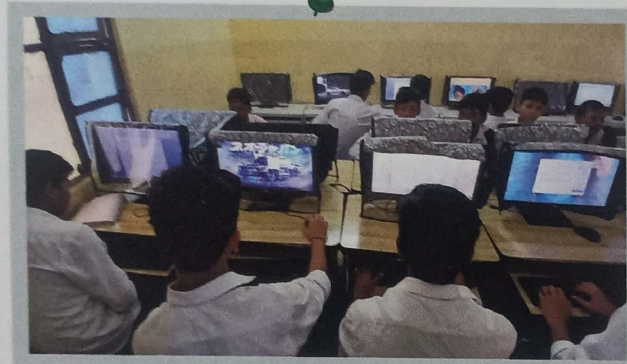
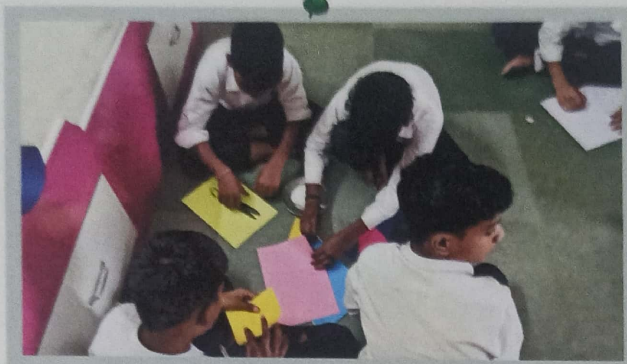
Bal Basera Open Shelter Home continued to provide a safe and child-friendly environment for children rescued from child labour, trafficking, migration-related vulnerabilities, neglect, and unsafe living conditions. During FY 2025-26, the shelter extended care and protection services to 377 children, including 333 newly admitted children and 44 children who continued in care from the previous year.

Children arriving at the shelter often faced multiple challenges, including exploitation, unsafe migration, physical exhaustion, malnutrition, anaemia, emotional distress, and lack of family support. Through healthcare, nutrition support, counselling, recreational activities, and child-friendly care, children received immediate protection and opportunities for recovery and rehabilitation.

The shelter follows a child-centred rehabilitation approach focused on restoring safety, dignity, emotional well-being, and confidence. Individual counselling, psychosocial support, structured daily routines, and recreational engagement helped children regain a sense of stability and belonging after difficult experiences. During the year, 177 children were successfully reunited with their families, while 176 children were facilitated for restoration in Bihar through coordinated child protection mechanisms and inter-state collaboration. As of 31 March 2026, 24 children continued to receive care and support at the shelter.

Bal Basera Open Shelter Home continued to work closely with Child Welfare Committees (CWCs), District Child Protection Units (DCPUs), law enforcement agencies, railway authorities, and partner organizations to strengthen rescue, rehabilitation, restoration, and reintegration processes, ensuring that children move towards safer and more secure futures.

"For children recovering from exploitation and vulnerability, protection begins with safety, care, and the opportunity to rebuild their lives with dignity."



Anil Kumar: From Child Labour to a Second Chance at Childhood

Fourteen-year-old Anil migrated from Bihar to Jaipur in search of work after being promised employment and income to support his family. Instead, he experienced exploitation, long working hours, delayed wages, and physical mistreatment. Feeling frightened and isolated, he eventually sought help from the police.

Through timely intervention, counselling, and protection support, Anil was rescued from a harmful work environment and connected with the child protection system. As trust was restored, he expressed his desire to return home and continue his education. The case highlights the vulnerability of children affected by poverty-driven migration and the importance of early intervention in preventing child labour and restoring children's rights.

Hanuman: Preventing Risky Migration

At just 10 years old, Hanuman left home without informing his father, hoping to earn money and support his family. Found in an unsafe situation in Jaipur, he was referred for care and protection. Through counselling and a safe shelter environment, Hanuman was helped to understand the risks associated with child migration and unsafe work. Family tracing and rehabilitation efforts enabled his safe return home. The case demonstrates how economic vulnerability can push children toward risky decisions and underscores the need for family-based support systems.

Mohammad Altamash: Reuniting a Child Separated by Fear

Eleven-year-old Mohammad Altamash left home after experiencing fear and emotional distress linked to harsh treatment in his learning environment. Alone and unable to recall contact details for his family, he was found distressed at Jaipur Railway Station.

Patient counselling, child-friendly care, and persistent family tracing efforts helped establish his identity and reconnect him with his family in Bihar. The intervention restored a sense of safety and belonging while reinforcing the importance of supportive learning environments for children.

Mohammad Ayan: Finding His Way Back Home

Driven by curiosity and a desire to travel, ten-year-old Ayan left home without informing his family and became stranded far from home. After several days of separation, he was found alone and vulnerable at Jaipur Railway Station. Counselling and coordinated efforts with authorities enabled contact with his family and facilitated safe reunification. The case highlights how even seemingly harmless childhood curiosity can expose children to significant protection risks when adequate supervision and safety awareness are absent.

Raghav Kumar: Safe Reunification After Family Separation

While visiting Jaipur with a relative, eleven-year-old Raghav became separated from his family and was unable to find his way back. Alone and frightened, he was brought under protective care. With emotional support, counselling, and family tracing assistance, contact was established with his parents in Jharkhand. Raghav was successfully reunited with his family and expressed his desire to continue his education. The case demonstrates the value of rapid response mechanisms in protecting children who become separated from caregivers.

Rohit Singh: Turning a Moment of Anger into a Learning Opportunity

After being scolded for excessive mobile gaming, twelve-year-old Rohit left home impulsively and travelled alone to Jaipur. Separated from his family and unfamiliar with his surroundings, he was identified as a child in need of care and protection. Through counselling, Rohit reflected on the consequences of his actions and developed healthier coping strategies. Family counselling further strengthened communication between parents and child, leading to safe reunification and improved family understanding.

Wasim: Supporting Recovery and Family Reintegration

Fifteen-year-old Wasim was found in a vulnerable situation near a railway station while struggling with substance use. Separated from family support and exposed to multiple risks, he required immediate protection and counselling. The intervention focused on building trust, raising awareness about the harmful effects of substance use, and reconnecting him with his family. Coordinated efforts across states enabled his safe transfer and reintegration with family members. The case underscores the importance of combining child protection services with behavioural counselling and family support.

Subhan: Rebuilding Trust After Exploitation

At just 10 years old, Subhan left his village in Bihar with the hope of supporting his family through a promised job opportunity in Jaipur. Instead, he was forced to work in a button-making factory under exploitative conditions, where he endured long working hours, physical abuse, inadequate food, and constant fear. Unable to bear the violence any longer, Subhan managed to escape and seek help. With support from local authorities, he was rescued and later admitted to TAABAR's Bal Basera Temporary Shelter Home. When he arrived at the shelter, Subhan was physically weak, emotionally withdrawn, and visibly traumatised. Immediate medical care, nutritional support, counselling, and a safe environment helped begin his recovery journey. Over time, gradual changes became visible—he started interacting with other children, participating in activities, and responding positively to caregivers. While emotional recovery remains a slow process, Subhan's journey reflects how timely rescue, protection, and sustained psychosocial support can help children regain a sense of safety, dignity, and hope for the future.

Pappu: From Labour Exploitation to Healing and Care

Pappu, a 10-year-old boy from Bihar, was sent to Jaipur after being promised work and income to support his family. Instead, he was trapped in a bangle-making unit where he worked for long hours under exploitative conditions without adequate food, rest, or wages. Following his rescue, Pappu was admitted to TAABAR's shelter home in a severely weak and malnourished condition. Medical examinations revealed anaemia, nutritional deficiencies, and poor physical development caused by prolonged labour and neglect.

The shelter team initiated immediate medical care, nutritional rehabilitation, counselling, and continuous monitoring to stabilise his health. Over the following weeks, visible improvements were observed in his appetite, energy levels, and overall physical condition. Alongside physical recovery, emotional support sessions helped him gradually overcome fear, anxiety, and isolation. Pappu's journey highlights the hidden health consequences of child labour and the importance of integrated rehabilitation support that combines medical care, nutrition, emotional healing, and protection within a safe and child-friendly environment.

2. Bal Basera Children Home

Beyond Shelter: Providing Care, Protection and Rehabilitation

Bal Basera Children Home is primarily a long-term residential care facility for children in need of care and protection. During FY 2025-26, the Home continued to provide a stable, nurturing, and child-friendly environment for children requiring long-term rehabilitation, education, counselling, and life-skills development.

Long-Term Residential Care

At the beginning of the reporting year, 15 children were residing in long-term care. During the year, 2 additional children were admitted, bringing the total number of children served under long-term residential care to 17. A total of 5 children were successfully restored or rehabilitated, while 13 children remained under care at the end of the year. These children continued to receive education, counselling, healthcare, recreational opportunities, and individualized rehabilitation support to prepare them for independent and productive futures.

Temporary Care for Rescued Child Labourers

Alongside long-term care, Bal Basera played a critical role in supporting child labour rescue operations across Rajasthan. Due to the closure of several shelter facilities and limited capacity within the child protection system, the Child Welfare Committee (CWC) frequently placed rescued children at Bal Basera for temporary care and protection until legal and rehabilitation procedures were completed. During FY 2025-26, 79 child labourers and rescued children were admitted for temporary care. These children required immediate shelter, food, clothing, counselling, healthcare, and protection services. During the year, 27 children were restored to their families, while 63 children were referred for further rehabilitation, repatriation, or institutional support. By the end of the reporting period, 24 rescued children remained under care, awaiting completion of legal, administrative, or restoration procedures.



A Complex Child Protection Response

Supporting rescued child labourers involves significantly more than providing temporary accommodation. Each case requires extensive coordination with the Child Welfare Committee (CWC), Labour Department, Police, District Legal Services Authority (DLSA), Child Protection Units, medical institutions, and district administrations across multiple states.

Following rescue, children undergo medical examinations, counselling, statement recording, legal documentation, family tracing, home verification, restoration planning, and interstate repatriation processes. In many cases, staff members remain engaged for several days in hospitals, government offices, court-related procedures, and family verification processes. Safe restoration often requires dedicated escort support, with staff accompanying children across districts and states to ensure secure reunification. The growing number of rescue operations and temporary placements has substantially increased the operational demands on the institution. Despite these challenges, Bal Basera continued to provide individualized care, protection, and rehabilitation support to both long-term residents and rescued children, ensuring that every child received the attention, dignity, and support necessary for recovery and reintegration.



"Faces of Transformation" from Children Home

Abhishek: Turning Adversity into Achievement

Abhishek's journey is a powerful reminder of how timely support and opportunity can transform a child's future. Coming from a financially vulnerable family, where both parents worked as daily wage labourers and his mother frequently struggled with health issues, Abhishek faced significant challenges during his childhood. Despite these circumstances, he carried a strong desire to learn and build a better future.



After being admitted to Bal Basera Children Home, Abhishek found not only a safe place to live but also a supportive environment that encouraged him to dream beyond his circumstances. Through regular counselling, educational support, and continuous mentoring, he developed confidence in his abilities and a deep commitment to his studies. Alongside formal education, Abhishek actively participated in theatre, creative activities, and computer training programmes. His hard work and determination led him to achieve an outstanding 95% score in Class 10 examinations. Encouraged by this success, he continued his education, developed digital skills, and completed higher studies.

Today, Abhishek is employed with a software company in Jaipur and is building an independent and dignified life. His journey reflects how sustained care, education, and encouragement can help vulnerable children overcome adversity and become confident, self-reliant young adults.

Yashpal: From Care and Protection to Self-Reliance

When Yashpal entered Bal Basera Children Home in 2019 under the care and protection system, he was a young boy in need of stability, guidance, and opportunity. Over the next six years, Bal Basera became more than a shelter—it became a place where he could learn, grow, and discover his potential. Yashpal was enrolled in school and actively encouraged to participate in a wide range of developmental activities, including computer education, theatre, life skills, and vocational training. Through consistent mentoring and a structured environment, he gradually developed confidence, discipline, and a strong sense of purpose.



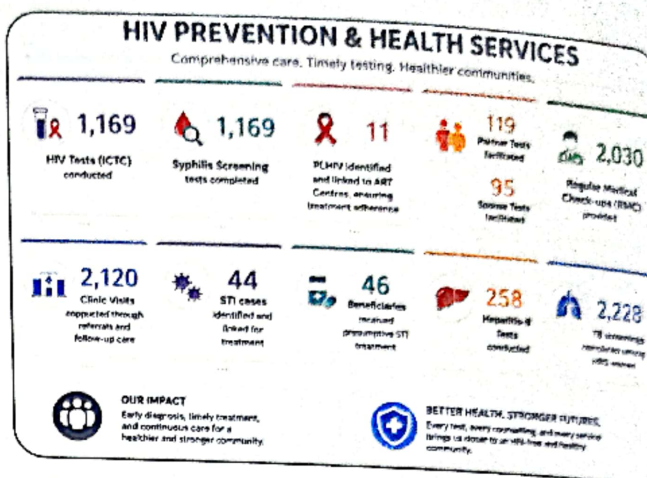
His dedication to education resulted in an impressive 88% score in Class 10 and 90% in Class 12, achievements that reflected years of perseverance and hard work. Alongside academics, he successfully completed graphic design and computer training programmes, equipping him with practical skills for future employment. Today, Yashpal has successfully transitioned from institutional care to independent living. He operates his own Common Service Centre (CSC) and is also engaged in educational support work within a private school. His story demonstrates that when vulnerable children receive sustained care, quality education, and opportunities for skill development, they can emerge as confident, productive, and self-reliant members of society.

Yashpal's journey is not only a story of rehabilitation—it is a story of empowerment, resilience, and hope.

Targeted Intervention (TI) Project – Sirohi

Strengthening HIV Prevention, Health Access & Dignity for High-Risk Communities

The TI Project implemented by TAABAR Society in Sirohi continued to strengthen HIV prevention, healthcare access, and community support for High-Risk Group (HRG) women through regular outreach, hotspot visits, counselling, testing, and referral services. During the year, the project supported 700 HRGs, with 611 women remaining actively connected to healthcare and prevention services, while 100 new beneficiaries were linked to counselling, testing, and treatment support.



The project conducted 2,228 counselling sessions on HIV prevention, safe sexual behaviour, STI awareness, condom use, and ART adherence, alongside the distribution of 1,21,680 condoms to promote safer practices and reduce HIV risk. Through regular screening, treatment linkages, and community engagement, the initiative continued to improve healthcare access, reduce stigma, and promote healthier and more dignified lives for vulnerable women.

★ KEY QUALITATIVE IMPACT



IMPROVED HEALTHCARE ACCESS

Women accessed safe, stigma-free healthcare through camps, outreach, and referrals.



STRONGER COMMUNITY TRUST

Regular hotspot visits and counselling increased participation and service uptake.



BETTER AWARENESS & SAFER PRACTICES

Counselling improved knowledge of HIV prevention, STI symptoms, condom use, and ART adherence.



EARLY DETECTION & TIMELY TREATMENT

Regular screening enabled early identification and treatment of HIV, STIs, TB, and Hepatitis-B.



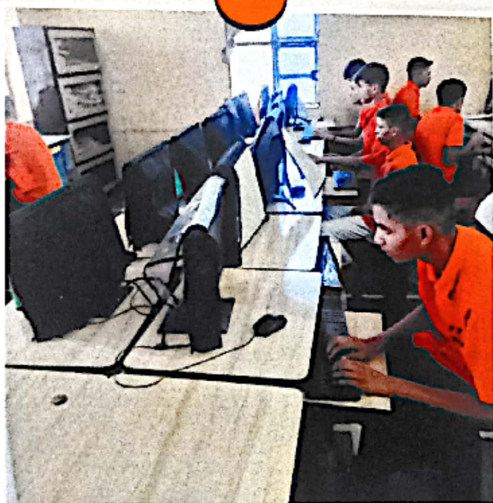
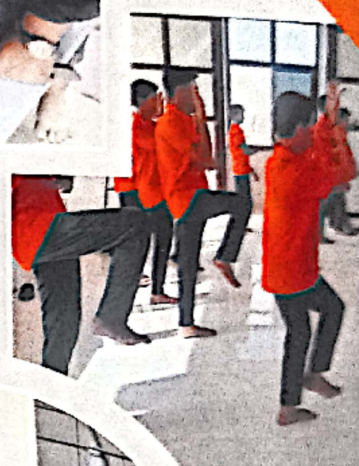
REDUCED STIGMA & GREATER DIGNITY

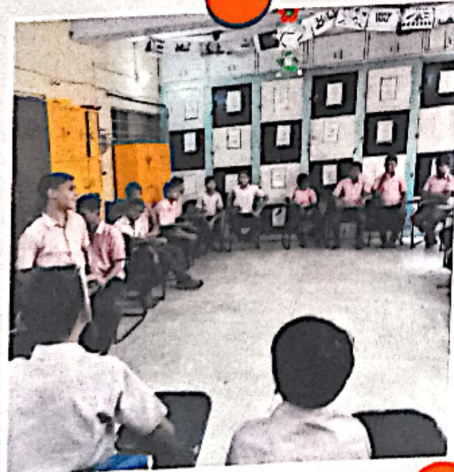
Women felt more confident to seek healthcare and discuss health concerns openly.



Programme Quality Highlights

- ✓ 611 active HRG women remained connected with project services
- ✓ 100 newly identified beneficiaries linked with prevention and healthcare services
- ✓ Identified PLHIV beneficiaries linked to ART centres and supported for treatment adherence
- ✓ Drop-In Centre (DIC) functioned as a safe space for counselling, referrals, and community support
- ✓ Regular follow-up and re-linkage efforts conducted for drop-out beneficiaries







Reaching Out | Restoring Hope | Rebuilding Lives

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Follow us on social media to
learn more about our work and impact.



Thank You

Because Every Child Deserves a Chance



The journey of TAABAR Society is made possible through the collective efforts of countless individuals and institutions who believe that every child deserves safety, dignity, care, and opportunity.



We extend our heartfelt gratitude to our donors, partners, government departments, hospitals, educational institutions, volunteers, interns, Board Members, community leaders, well-wishers, and supporters whose trust and commitment continue to strengthen our mission.



Most importantly, we thank the children, adolescents, women, and families who allow us to be a part of their journeys. Their resilience, courage, and determination inspire our work every day.



Together, we are creating safer childhoods, healthier families, empowered communities, and brighter futures.



“ Timely care. Generous support.
A second chance at life. ”



**PROTECTING
CHILDHOOD.**



**STRENGTHENING
COMMUNITIES.**



**TRANSFORMING
LIVES.**



TAABAR Society is registered under the Rajasthan Societies Registration Act, 1958; the Rajasthan Public Trust Act, 1959 (Devasthan Department); the Foreign Contribution (Regulation) Act (FCRA); the Income Tax Act, 1961 (Sections 12A & 80G); and holds CSR-1 Registration with the Ministry of Corporate Affairs, Government of India.



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