**Impact**

1. **What is the reach and impact that the project has had on the local community? What fundamental problem(s) does the project address? Please provide concrete examples, numbers etc. Please provide at least one impact story/ example that could be used to showcase your project during WAH.**

The genesis of this project of the collective was to identify and reach children with disabilities and provide them mainstream education which they are deprived of. We aspire also to educate the children and their parents of their rights in the society.

The Timbaktu Collective started work with children with disabilities in 2001. During the first two years, the work was taken up by the team of the Collective who were working for other programmes. The focus of this phase was to collect information on children with disabilities, types, age group, gender and numbers and so on. This period served to establish rapport with children with disabilities and their families. Besides, the programme was able to refer a few children with disabilities for surgeries, assistive devices and to access benefits from Government schemes.

This work with Children with different disabilities include early identification, assessment, appropriate rehabilitation, interventions such as surgery, language and communication development including speech therapy, physio/occupational therapy, activities of daily living, life skills and functional academics.

People with disabilities are the marginalised among the poor and most of the development works that address poverty, do not reach them. Even when government introduces new schemes for people with disabilities, they rarely reach the rural India. Most importantly, children with disabilities are made completely dependent on others for their daily living. This project addresses this issue and endeavours to train them in the daily living skills through therapeutic services.

The impact of this work is evident to the community as they see their children with disabilities enjoying their childhood through play, learning and cultural activities. Disability was a non-issue in the family and community. Today disability is visible and there are role models that have emerged as a result of this project in educating the family members to help children with disabilities enjoy their childhood.

**The Story of Meenakshi**

Meenakshi was identified by the Militha cadre during 2008 at an age of 8. Hers is an economically backward family. Her mother too is affected by polio and her father earns through daily wages. When her parents were told about the exercises for Meenakshi, they were reluctant as that will affect their daily wage labour. A Militha-therapist started working closely with Meenakshi in this context and identified her problems. She was referred to ‘RDT Hospital’ for corrective surgery and availing assistive devices.

Her parents were then counseled and trained in the daily exercises for her. They then tried to join her in the nearby school, where the teacher refused to give her an admission. The Militha cadre again intervened to talk to the teacher along with Meenakshi’s parents to insist upon her right to education. The teacher agreed to their persuasion and gave her an admission. This has impacted the neighbourhood as many of Meenakshi’s neighbours encourage her parents to follow the daily exercises.

**Innovation**

**2. Does your project employ an innovative model? If so, in what area and how? Can this be replicated across other projects?**

The project employs an innovative model of community based rehabilitation. The children with disabilities are visited once a month by the para-rehabilitation professionals. The facilitators do the follow up with each child at least once a week. Each facilitator works in ten villages. Individual intervention plans have been made for the children and are regularly updated both in the file with the family and the file in the office. Teaching and learning materials have been designed and made by the rehab team and are used by children with different disabilities.

**Quality**

1. **Within the context of the community, resources and the type of school the project runs, has anything been done to improve the quality of the project, ie., improving overall efficiency, quality of education, infrastructure, improving health and nutrition and awareness, etc. ? If so, what has been done and how was this accomplished?**

While the above objectives are also met via other concurrent efforts of the collective, this project mainly seeks to:

1. Develop efficient educational methods with respect to disabled children, particularly, in the rural areas of Anantpur.
2. Leverage the existing infrastructure of the collective and also to build specific facilities for these special need children, for example, Prakruti Badi is now being run exclusively for the disabled children.
3. Educate children, parents and other stakeholders in the community on the disabled children’s rights, rehabilitation and government schemes.
4. Provide these children healthy and nutritious daily meals along with medication and rehabilitation therapy.

**Sustainability**

**4. Is the project entirely dependent on funds from Asha for Education?**

**a) If so, has anything been done to procure other funding for the project? Why/Why not?**

The project, at present, is entirely dependent on funds from Asha for Education (London and Florida). The Collective has been trying to raise fund from other sources for the same work but to no avail. The international scenario of funding has been favouring rights based works with people with disabilities rather than community based rehabilitation works.

**b) If not, what other types of funding are available to the project, and what percentage of their expenses is funded by Asha? Is there an alternate source of funding that other projects could benefit from?**

The project, at present, is entirely funded by Asha for Education.

**c) Self sustainability - Has the project taken steps towards self sustenance? If so, what are the plans for the project in the next two years?**

The project can't become a self-sustainable model as parents of the rural children with disabilities will never be in a position to bear the cost of employing therapists to provide the services to their children. However, if the Government intervenes and decides to take up the same work without compromising the quality, there are possibilities of sustaining the much needed services to the children with disabilities in this area.

**Scope & Growth**

**5. Are there plans to expand the scope of the project? If so, in what way? Has the scope of the project expanded in previous years of operation? If so, how was that accomplished?**

Yes, there are plans to expand the scope of the project. The project has been addressing the needs of children with disabilities only through house visits and occasional health camps. Instead, it is planned to provide these children with access to specialised centres / bridge schools within their reach, where they will spend quality time in getting therapy as well as other educational inputs. The Collective, this year has planned to start a centre in Chennekothapalli village on an experimental basis, covering 10% of the total children with disabilities in its working area.