



PROPOSAL FOR A ONE-TIME GRANT TO ASHA FOR EDUCATION

Inclusive Child Development, Disability Identification and Mental Well-being Initiative

Samerth Charitable Trust | Samerth Talim Kendra (STK), Ahmedabad | October 2026 to September 2027

Location	South-West Zone, Ahmedabad Municipal Corporation (Juhapura, Vejalpur, Makarba, Sarkhej, Fatehwadi, Canal), Ahmedabad district, Gujarat
Components	1. Smart Boards and Alternative Learning Aids 2. Child and Person with Disability Identification Tool Development and Survey 3. Mehruz Ghar, "Aao Baat Karein": Community Mental Health, Counselling, Training and Communication
Direct participants	167 children with special needs and their parents; a community population of about 10,000 screened; 250 women and 100 adolescent girls; 34 STK team members; 50 caregivers; 35 private school teachers
Amount requested	₹ 9,80,100 (one-time, complementary to ongoing AFE core support to STK); detailed budget in the attached Excel sheet
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1. Executive Summary

Since 2006, Samerth Talim Kendra (STK) has provided special education, therapy and rehabilitation to children with special needs in one of Ahmedabad's most underserved urban settlements. The programme has served 564 children over the years, currently supports 167 children (57 girls and 110 boys) through its main centre, community-based rehabilitation (CBR) and spoke centres, and forms part of Samerth's wider community work that has reached an estimated 2,00,000 people. Asha for Education (AFE) has been a key partner, and its 2023–24 support helped STK move from a day-care model to structured, concept-based rehabilitation.

Two decades of practice point to three persistent gaps. Children who learn best through visual and interactive methods lack the tools to do so; many children and adults in the community remain unidentified and therefore outside the reach of services and entitlements; and the emotional well-being of children, caregivers, women, adolescent girls and staff receives little structured attention, although it strongly shapes rehabilitation outcomes. A further concern is gender: girls make up only 57 of the 167 children supported by STK, and field experience indicates that many girls with disabilities remain hidden within homes and unidentified. This one-time grant of ₹ 9,80,100 will address these gaps through technology-enabled learning for 128 children, a validated community screening system covering a population of about 10,000, and Mehruz Ghar, a safe space for mental health support reaching 350 women and adolescent girls alongside the STK team, caregivers and community. Gender equality runs through all three components, with a deliberate effort to reach and identify girls with disabilities. Each component creates assets, tools or skills that will continue to serve the community well beyond the grant period.

2. About Samerth and STK

Samerth Charitable Trust has worked for over two decades on education, disability inclusion, water, early child care and education, gender equality, livelihoods and community engagement in Gujarat and Chhattisgarh, grounded in long-term community presence, a rights-based approach and convergence with government programmes. In response to community demand, Samerth began its disability programme in 2006 and established Samerth Talim Kendra (STK), which now serves children within a radius of up to 40 km. Local women

from the community have been trained as second teachers, and the team also builds the capacity of teachers in government and low-fee private schools.

Children progress through a four-level developmental framework covering physical independence, confidence and communication, basic literacy and vocational skills. In 2025, 102 children received physiotherapy, 118 speech therapy and 99 sensory therapy, and 40 took part in animal-assisted, music, art and sports therapy. The programme helps families secure disability certificates, Aadhaar cards, UDID cards and disability pensions, and works with CRC Ahmedabad and networks such as Prabhat, Sense India and the Blind People's Association. The current profile of children is shown below.

Table 1: Children currently supported, by type of disability and programme

Type of Disability	STK Centre	CBR	Spoke Centre	Total
Intellectual Disability	52	14	2	68
Developmental Delay	21	1	4	26
Cerebral Palsy	9	6	3	18
Locomotor Disability	1	6	2	9
Multiple Disability	2	7	0	9
Speech Delay	7	1	1	9
Physical Disability	5	0	1	6
Hearing Impairment	4	0	1	5
Autism	4	0	0	4
Down Syndrome	3	1	0	4
Low Vision	2	0	0	2
Mental Illness	2	0	0	2
Others (Microcephaly, Hydrocephaly, MR/CP, DD/CP)	2	3	0	5
Total	114	39	14	167
Girls / Boys	36 / 78	14 / 25	7 / 7	57 / 110

3. Rationale and Need

Unidentified disability: The South-West Zone of Ahmedabad is home to low-income migrant and informal-sector families, where poverty, poor nutrition, limited health awareness and consanguineous marriage contribute to a higher incidence of congenital and developmental conditions. Many children are identified late or not at all, losing critical years of early intervention.

Hidden girls with disabilities: Of the 167 children currently supported, only 57 (34 per cent) are girls, against 110 boys. This pattern holds across STK (36 girls, 78 boys) and CBR (14 girls, 25 boys). Some conditions such as autism are more common in boys, but this does not explain a gap of this size: nationally, the Census of India 2011 recorded about 44 per cent of persons with disabilities as female. Samerth's field experience suggests that girls with disabilities are present in the community but are not being identified or brought forward. Families may keep them at home because of stigma, concerns about marriage prospects, restrictions on girls' mobility and safety, and the lower priority often given to girls' education and healthcare. Caregiving also falls largely on mothers, who have little time or support to seek services. As a result, girls with disabilities face a double disadvantage, of gender and of disability, and miss early intervention, education and entitlements.

Learning needs: Of the 167 children supported by STK, most have intellectual disability, developmental delay, cerebral palsy, speech delay or autism. Such children often find it hard to follow spoken or board-based teaching, but respond well to visual, audio and interactive methods, which also form the basis of picture- and

symbol-based communication for children with limited speech. STK does not yet have the technology to offer this consistently.

Mental and emotional well-being: Children with special needs frequently experience communication difficulties, frustration, anxiety, behavioural changes, sensory challenges and social isolation. The parents of these 167 children, 50 caregivers, 35 private school teachers and 6 therapists carry continuous caregiving responsibilities and the emotional stress that comes with them. In the community, women and adolescent girls face pressures arising from family, education, relationships, economic insecurity, social expectations, safety and household responsibilities, yet rarely have a safe space to speak. India's National Mental Health Survey (2015–16) estimated an 85 per cent treatment gap for common mental disorders, a gap that is further widened in communities like ours by stigma and limited access to trained counsellors.

4. Goal and Objectives

Goal: To promote the holistic development, early identification and mental well-being of children with special needs, their families and the wider community in Samerth's operational areas of Ahmedabad district.

- **Objective 1:** To create an interactive, technology-enabled learning and therapy environment at STK that improves the communication, comprehension and participation of 128 children with special needs.
- **Objective 2:** To develop and validate a standardised disability identification tool and use it for the early identification, referral, follow-up and documentation of children and persons with disabilities in a population of about 10,000, with a deliberate focus on identifying girls with disabilities who are currently hidden.
- **Objective 3:** To establish Mehfuz Ghar as a safe space for mental health awareness and counselling for 250 women and 100 adolescent girls, and to build the mental health capacity of the STK team, caregivers and community members.

How the three components work together: The three components form one pathway of support. The community survey (Component 2) will find children and adults with disabilities who are not yet known to any service, especially girls who are kept at home. Children who are identified will be referred to STK, where the smart board and new learning aids (Component 1) will help them learn and communicate from the start. Their mothers and other caregivers, who carry most of the daily care, will find support at Mehfuz Ghar (Component 3), and the women and adolescent girls in the Mehfuz Ghar groups will in turn help the survey team reach girls who might otherwise stay hidden. Children who cannot be accommodated at the STK centre will be enrolled in the nearest spoke centre or CBR area and visited at home by the CBR team, linked to the nearest Anganwadi if they are under six, and referred to Composite Resource Centre (CRC) Ahmedabad, the District Disability Rehabilitation Centre or the RBSK team for assessment, certification and assistive devices, and adults identified will be linked to disability certificates, UDID cards, pensions and the District Mental Health Programme. An STK team member will follow up each case through the referral database, so that every person identified has a clear next step.

5. Programme Components

Component 1: Smart Boards and Alternative Learning Aids

STK delivers special education, speech therapy, physiotherapy, sensory therapy and other developmental activities. Smart boards will enable special educators and therapists to use pictures, videos, symbols, sounds, interactive activities and educational applications to teach each child according to ability and need, and to make speech therapy, including picture-based communication, sound practice, vocabulary and sentence formation, more engaging and effective. The grant will cover one smart board at the main centre, together with alternative learning aids: picture boards, communication boards and sensory kits; digital speech and communication materials, picture- and symbol-based resources and special education content; and an external hard drive to store learning content and each child's progress records.

Objectives: to create an interactive and inclusive learning environment; to improve speech and communication skills; to enhance comprehension and participation through visual learning; and to equip special educators and therapists with technology-based teaching tools.

Sr. No.	Activity	Expected Outcome
1	Procurement and installation of a smart board and alternative learning aids	Smart board and aids in regular use in daily education and therapy sessions for all 114 children at the main centre, and 14 spoke centre children use them during their visits to the main centre and through the portable aids taken to their sessions, as recorded in session registers
2	Development of educational and special education content	At least 50 digital lessons and activities, graded by age and ability, built into children's Individual Education Plans (IEPs)
3	Picture- and symbol-based activities for speech therapy	At least 118 children (those receiving speech therapy) show measurable improvement in recognising objects and pictures, vocabulary and ability to express needs, as recorded in IEP and speech therapy assessments
4	Audio-visual learning sessions	Improved attention and participation recorded by teachers and therapists for at least 70 per cent of children
5	Matching, identification, sequencing and vocabulary activities	At least 70 per cent of children achieve their IEP targets for recognition, sequencing, memory and vocabulary
6	Training of special educators and therapists in smart board use	All 5 special educators and 6 therapists use the smart board confidently and include digital tools in their weekly session plans
7	Regular documentation of each child's progress	A monthly progress record for every child, reviewed each quarter to adjust teaching and therapy plans

Component 2: Child and Person with Disability Identification Tool Development and Survey

Background and Rationale

In many of Samerth's operational areas, children and adults with disabilities or developmental difficulties continue to go unidentified. Without timely identification, they are unable to access therapy, education, rehabilitation and the entitlements guaranteed under the Rights of Persons with Disabilities (RPwD) Act, 2016. According to the Census of India 2011 and the National Sample Survey Office (NSSO), about 2.21 per cent of India's population lives with a disability, which implies that roughly 220 persons in a population of 10,000 may be affected. WHO estimates the global figure at about 16 per cent, suggesting that developmental, intellectual and psychosocial conditions are significantly under-counted. At present, no standardised, community-friendly tool is available in the area that frontline workers can use to screen systematically and link people to services. The low proportion of girls among children currently supported by STK (34 per cent) further indicates that existing identification pathways are missing girls with disabilities.

Purpose

Within the framework of the Inclusive Child Development, Disability Identification and Mental Well-being Initiative, this component aims to identify, at the earliest possible stage, children in the community who are lagging in development, living with a disability or needing additional support; to screen them appropriately; to refer them to the right services; and to maintain their follow-up information systematically. Building on Samerth's outreach to an estimated 2,00,000 people so far, the survey will reach a new population of about 10,000.

Objectives

- To develop and validate a standardised, context-appropriate identification and screening tool.
- To identify children and persons with disabilities in the community at an early stage, with particular attention to girls who are currently hidden.
- To ensure appropriate referral and intervention according to identified needs.
- To document disability-related data systematically, disaggregated by sex and age.
- To strengthen linkages with government schemes, services and entitlements.

Methodology

Phase 1, tool design and validation: A screening tool will be developed in Gujarati and Hindi covering child development, communication, mobility, behaviour, learning, self-care and functional difficulty. It will draw on the 21 disabilities recognised under the RPwD Act, 2016. The draft will be reviewed by experts, piloted in the field and revised on the basis of pilot findings. The tool is designed for screening, not diagnosis.

Phase 2, field preparation: The field team will be trained in the use of the tool, data recording, preliminary guidance to families, gender sensitivity and ethical practice.

Phase 3, community survey: The survey will cover a population of about 10,000 in South West Zone, and is expected to identify around 220 persons with disabilities or developmental concerns. Data will be collected using the validated screening tool.

Phase 4, referral, follow-up and data management: Persons who screen positive will be referred for clinical assessment and certification through CRC Ahmedabad, government hospitals and partner institutions, and linked to STK services, education and entitlements such as disability certificates, UDID cards, pensions and assistive devices. A digital and physical database will support follow-up and progress documentation.

A gender-responsive approach: Women field workers will conduct household visits so that mothers and girls can speak freely. Every household member will be listed, and the tool will capture girls who are kept at home or not attending school. Women and adolescent girls from the Mehruz Ghar groups, together with Anganwadi and ASHA workers, will help locate girls who might otherwise remain hidden. Families of identified girls will receive follow-up home visits and counselling to encourage their enrolment in therapy and education.

Ethical safeguards: Informed consent will be obtained from every household, personal and health information will be kept strictly confidential, and families will be informed of available services at the time of screening.

Activities and Expected Outcomes

Sr. No.	Activity	Expected Outcome
1	Development of an identification and screening tool	A draft screening tool in Gujarati and Hindi covering developmental delay and the 21 disabilities recognised under the RPwD Act, 2016
2	Consultation with experts	Tool reviewed by experts in special education, therapy and mental health, with their feedback incorporated
3	Field testing and pilot survey	Tool tested with a sample of households, with findings on clarity, time taken and accuracy documented in a pilot report
4	Revision of the tool	Final validated tool ready for use by March 2027
5	Training of the field team, including gender sensitivity and engaging families of girls	All field team members trained and able to use the tool correctly, record data, guide families and approach households where girls are kept at home
6	Community-level survey among about 10,000 people	About 10,000 people screened and around 220 persons with disabilities or developmental concerns identified, with girls and women making up at least 40 per cent
7	Establishment of a referral and follow-up system	All persons who screen positive referred for assessment, and at least 100 linked to one or more entitlements (certificate, UDID card, pension, assistive devices) by the end of the project
8	Creation of a digital / physical database	A complete sex- and age-disaggregated database, updated monthly and used to track every referral and follow-up

Key Deliverables

By the end of the project, the component will deliver a validated screening tool in Gujarati and Hindi; a trained, gender-sensitive field team; a completed survey of about 10,000 people with a sex- and age-disaggregated database; and a functioning referral and follow-up system linking identified children and adults, especially girls, to services and entitlements. The tool will remain part of STK's routine outreach and can be shared with government and partner organisations for wider use.

Component 3: Mehfuz Ghar, "Aao Baat Karein" (Let Us Talk): Community Mental Health, Counselling, Training and Communication

The lives of 250 women and 100 adolescent girls in the community are shaped by family, education, relationships, economic conditions, social pressure, safety, household responsibilities and concerns about the future, which can give rise to mental and emotional challenges that they are often unable to discuss openly. Mehfuz Ghar ("Safe Home") will be developed at RCC Road as a safe, trusted and supportive space where they can speak without fear about their feelings, worries and experiences, recognise and express their emotions, and be connected to appropriate help. Samerth already has a space at RCC Road, so no rental cost is requested from this grant; the budget covers the part time counsellor, the mental health expert and the games, play materials and simple furnishings needed to make the space welcoming for women and girls. The initiative will also provide mental health awareness and practical training for the 34-member STK team, 50 caregivers and 35 private school teachers, practical skills sessions for the 350 women and adolescent girls in the Mehfuz Ghar groups, and support for the parents, caregivers, teachers and therapists who carry continuous caregiving responsibilities. Because mothers are the primary caregivers of children with disabilities, Mehfuz Ghar will also be a trusted space where they can share concerns about daughters with disabilities, and will connect families to the identification survey and STK services.

Objectives: to reduce stigma around mental health; to give women and adolescent girls a safe space to recognise and express emotions such as stress, anxiety, anger and fear; to strengthen self-confidence, self-care and healthy coping; to enable women to take decisions and seek help, linking those in need to counsellors or specialists; to build sensitivity in families and the community; and to strengthen the capacity of staff, caregivers and community members to understand the emotional well-being of children with special needs and to identify and refer mental health concerns early.

Sr. No.	Activity	Expected Outcome
1	Regular group discussions and conversation sessions for women and adolescent girls under "Mehfuz Ghar, Aao Baat Karein"	250 women and 100 adolescent girls take part in regular Mehfuz Ghar groups, with at least 60 per cent attending half or more of the sessions
2	Awareness sessions on mental health, stress, anxiety, anger, fear and emotions	Participants can recognise common signs of stress and anxiety and know where to seek help, measured through a simple pre- and post-assessment
3	Counselling and one-to-one support for women and adolescent girls	At least 100 women and girls receive one-to-one counselling
4	Activity-based sessions on self-confidence, self-esteem, self-care and healthy coping skills	At least 60 per cent of participants report better self-confidence and coping at the end compared with the start
5	Mental health awareness training for the 34-member STK team (including 5 special educators and 6 therapists), 50 caregivers and 35 private school teachers	119 team members, caregivers and private school teachers trained, with improved knowledge shown in pre- and post-training tests
6	Practical training and case-based discussion on children's behaviour, emotions, communication difficulties and stress	Regular case discussions held, with staff applying agreed, supportive strategies for children's behaviour and emotions

Sr. No.	Activity	Expected Outcome
7	Caregiver sessions for parents on children's emotional needs and stress management	Parents and caregivers report greater confidence in handling their child's emotions and their own stress
8	Communication materials, posters, leaflets and awareness activities in the community	Awareness materials and activities reach the wider community, with more women and girls coming forward to Mehfuz Ghar and counselling over the year
9	Development of a basic identification and screening process for mental health concerns	A simple mental health screening checklist in use by the counsellor and trained staff
10	Referral to counsellors, psychologists, psychiatrists or other specialists, with follow-up	All persons needing specialist care referred, including to Tele-MANAS (14416) and the District Mental Health Programme, with follow-up recorded
11	Practical skills in stress management, active listening and supportive communication for the 34-member team and community members	34 team members and 350 community members trained in stress management, active listening and supportive communication
12	Maintenance of a confidential record and database	A confidential record for every person counselled or referred, with access limited to authorised staff

6. Implementation Timeline

Key Activities	Oct–Dec 2026	Jan–Mar 2027	Apr–Jun 2027	Jul–Sep 2027
Smart boards: procurement, installation and staff training	•	•		
Smart boards: content development, use in sessions, progress records	•	•	•	•
Survey tool: development, expert consultation, pilot and revision	•	•		
Survey: field team training and community survey			•	
Referral, follow-up and database		•	•	•
Mehfuz Ghar: set-up and awareness materials	•			
Mehfuz Ghar: group sessions, counselling, staff and caregiver training	•	•	•	•
Monitoring, mid-term and final reporting		•		•

7. Monitoring, Evaluation and Learning

Children's progress will be tracked through Individual Education Plan (IEP) records and therapist assessments, while survey and counselling data will be held in secure, confidential databases. All data will be disaggregated by sex and age so that progress in reaching girls can be tracked. The community survey will serve as the baseline for the identification indicators, and women and girls joining Mehfuz Ghar will complete a short assessment of stress, confidence and coping when they join and again at the end. Monthly internal reviews will feed into a mid-term and a final report to AFE, capturing both results and lessons for future practice.

Key Indicator	Target	Verification
Children using smart boards and aids in learning and therapy	128 (114 at the main centre; 14 through spoke centres)	Session records
Children showing improved speech, vocabulary and communication	118	IEP records
Special educators and therapists trained in smart board use	11	Training reports
Validated screening tool developed and in use	1 tool	Tool, pilot report
Population screened	10,000	Survey database
Persons identified, referred and linked to entitlements (certificate, UDID, pension, aids)	About 220 identified; all referred; at least 100 linked	Referral register
Girls with disabilities newly identified and enrolled in services	About 90 identified; at least 40 enrolled	Sex-disaggregated database
Share of girls among children supported by STK (from 34 per cent at baseline)	At least 40 per cent	Enrolment records
Women and adolescent girls reached through Mehfuz Ghar	350	Session registers
Individuals receiving counselling / referred to specialists	At least 100 counselled; about 30 referred	Confidential records
STK team members, caregivers and private school teachers trained in mental health	119	Training reports
Team and community members trained in practical support skills	34 + 350	Training reports

8. Sustainability and Conclusion

The grant is a one-time, catalytic investment. Smart boards and aids will serve successive cohorts of children for several years, with upkeep met from STK's regular budget. The screening tool, referral protocol and database will become part of STK's routine CBR work and will be shared with CRC Ahmedabad and network partners. Trained staff, teachers and caregivers will retain their skills, and Mehfuz Ghar will be sustained through peer groups and community volunteers. Identified persons will be linked to public systems, including CRC, the District Disability Rehabilitation Centre, Rashtriya Bal Swasthya Karyakram (RBSK), Anganwadi services, the District Mental Health Programme and Tele Mental Health Assistance and Networking Across States (Tele-MANAS helpline - 14416), so that support continues independently of project funding. All work will follow informed consent, confidentiality and safe referral practices, with qualified counsellors handling sensitive disclosures.

This grant will help STK bring inclusive learning technology into its classrooms, ensure that no child, and especially no girl, remains unidentified or unsupported, and place emotional well-being at the heart of care. The total request of ₹ 9,80,100 is detailed in the attached Excel budget sheet. We are grateful for AFE's long-standing partnership and look forward to building this lasting legacy together.