

Asha six monthly report for Samerth Talim Kendra

January 2019 – June 2019

Submitted by Samerth Trust



Special Trainees participating in right to vote campaign

A. Introduction :

Following the six monthly progress report submitted to Asha Foundation detailing activities undertaken with their support at Samerth Talim Kendra. Kendra is a day care centre for special people. Operational since early 2007. This is the third consecutive year of Asha support and we have been able to almost double our strength. We have been able to take up better premises – and now work in groups (age and severity wise), initiate regular therapies (Physio, sensory and speech – every day), consult specialists (psychologist, Neuro Paediatrician, Audiologist etc), invest in better equipment/ furniture and bring on trained people in our team.

We are working in six groups now (early intervention (3-8 years), low/medium / high severity, vocational group and Community based rehabilitation.



Early intervention kids enjoying at Gopi farm

We have also been able to focus on two new wings – Early intervention and Community based rehabilitation from this year onwards. Early intervention is focussed work with children between 3 – 8 years. Early intervention is an extremely important part of early progress and sensitizing caregivers on their approach with their children. It saves the child from the burden of impossible expectation and caregiver heartache from non-fulfilment of such expectations. Early diagnosis leads to focussed scientific approach to help the child manage their disability. It also greatly improves chances of children joining schools after a few years of therapy – thus becoming a part of the mainstream.

On the other end of the spectrum are our trainees of Community based rehabilitation program. They are suffer from severe disability hence are unable to come to the kendra. These individuals are then given personalised treatments at their homes – including all therapies. This has borne great results and the individuals – 14 currently, individualised therapy has benefitted them and their caregivers.

A.1 Quantitative details

Special teachers at the kendra

No.	Teachers Name	Designation
1	Pooja Patel	Special Teacher
2	Chirag Parmar	Special Teacher
3	Priyanka Kurmi	Special Teacher
4	Fatma Chopra	Vocational Teacher
5	Sajeda Shaikh	Second Teacher

Regular therapists and specialised doctors

No.	Therapists Name	Designation
1	Suresh Majmudar	Senior psychologist
2	Vajeda Tabassum	Physiotherapist
3	Ridhdhi shah	Speech therapist
4	Dinesh Patel	Physiotherapist
5	Rukhsar Pathan	Psychologist
6	Harsh Patel	Neuro Pediatrician

Numerical Details of STK (2019)

No.	Type of Disability	Girls	Boys	Total
1	Mentally Retarded	13	14	47
2	Downs Syndromes	3	7	10
3	Cerebral Palsy	6	4	10
4	Low Vision	-	1	1
5	Hearing Impairment	1	1	2
6	Intellectual	-	1	1
7	Multiple Disability	2	1	3
8	Dwarfism	-	1	1
9	Autistic	2	1	3
	Total	27	51	78

B Qualitative Information

B.1 Activities undertaken

B.1. a) Early Intervention The early intervention wing started after STK began its partnership with Asha. This became possible because early intervention requires dedicated teacher, furniture, therapies (special therapies in early intervention) as well as paediatric care. Starting from 5 children under the age of 5 in 2016, the kendra now caters to 26 children.

Activities undertaken in the early intervention :-

- Play therapy,
- Sensorial Activity,
- Vision Development
- Basic Concept, (Colour, Pattern, Object)
- Counting Objects
- stories through Puppets
- ADL (Activity of Dailly Living)

B.1.b) Neuro Pediatrician

From the last one quarter, we have also started visiting a Neuro Pediatrician at zyudus hospital. All the children were taken to the hospital (5 in each trip) and based on his recommendation a followup plan was devised. The next visit is scheduled in July.

Details of first consultation with Dr. Harsh Patel – Neuro Pediatrician

Sr No.	Students Name	Consulting Date	Next Appointment Date	Remark
1	Shaikh Hasnain	19/04/2019	22/05/2019	A detailed analysis required – will be continued in the next session
2	Malek Kaif	19/04/2019	-	Further reports prescribed
3	Kureshi Sufiyan	19/04/2019	15/ 05 /2019	A detailed analysis required – will be continued in the next session
4	Vindhani Arman	24 / 04/ 2019	12/ 06 /2019	Dystonia spasticity
5	Anaya Solanki	24/ 04/ 2019	12/ 06 /2019	Physiotherapy to continue
6	Aamena Memon	24/ 04 /2019	22/ 05 /2019	ABA & SI Therapy
7	Salama Shaikh	01/05/2019	15/05/2019	Have to do report (ABA Therapy)
8	Lubna Shaikh	01/05/2019	05/06/2019	A detailed analysis required – will be continued in the next session
9	Arhan Shaikh	01/05/2019	08/05/2019	A detailed analysis required – will be continued in the next session
10	Aatira Malek	08/05/2019	29/05/2019	Have to do report (eco, sonography blood report)
11	Rizwan Shaikh	08/05/2019	12/06/2019	Sensory, Spe.Education, OT, Eye checkup
12	Kureshi Sufiyan	15/05/2019	12/06/2109	Follow up (continue excesses)
13	Salama Shaikh	15/05/2019	12/06/2109	Follow up (ABA Therapy)
14	Shaikh Hasnain	22/05/2019	3-6-2019 20-6-2019	Follow up

15	Hanjla shaikh	22/05/2019	-	Have to do report (MRI)
16	Aatira malek	29/05/2019	-	Follow up Thyroid is positive refer to another specialist
17	Mohsin saiyeed	29/05/2019	17/08/2019	Have to do report (MRI)
18	Durgesh Tivari	29/05/2019	31/08/2019	Continue current medicines

B.1.c Therapies

Therapies are given according to the need of the trainee. Some undergo therapy every day, while others are given once a week. Physio, Speech and Sensory therapies are undertaken at the centre. Following are the trainees given therapy on regular basis in the last two quarters.

B.1. c.1 Physiotherapy

Physiotherapy is done to improve muscle strength. It reduces spasticity, improves balance, improves coordination, Improves movements and strength of joints. Various exercises are also undertaken along with physiotherapy like active exercise, Passive exercise, resisting exercise etc. At STK 2 physio therapists (male and female) work with trainees on daily basis. The various equipment's used are finger gripper, weights, calf bicycle, physio ball, sponge ball, lightning ball, dumb bells, ball star, CP chair, Velcro board, gel ball etc

No. of children who regularly undergo physiotherapy are :

Children in the age group of 2 -12			
No.	Girls	Boys	Total
	8	21	29
older children 13 and older			
No.	Girls	Boys	Total
	12	29	41
Total	20	50	70



Physiotherapist in action

B.1.c.2. Speech therapy

Speech therapy is given when there are issues in the following areas – Communication (expressive and receptive), Oral, Articulation, Feeding, Fluency, Voice moderation, Swallowing etc

No. of children who undergo speech therapy regularly are:

Children in the age group of 2 -12			
No.	Girls	Boys	Total
	10	22	32
older children 12 +			
No.	Girls	Boys	Total
	13	22	35
Total	23	44	67



Speech therapist working with an STK trainee

B.1.c.3. Sensory therapy

This therapy is given when there is a gap in experiencing various physical sensations in the body. This includes listening, seeing, smelling, tasting, touching etc . Thus the activities for sensory therapy are also designed accordingly – like recognising various tastes , touch, eye contact activity, color identification with lights etc.



Children involved in colouring activities

B.1.c. 4 Psychological Assessment

This quarter two psychological assessments were done. The assessment helps in understanding deep rooted issues faced by the child as well as his IQ. Various tests are conducted to understand the severity of mental illness. The assessment is done by Dr. Suresh Majumdar a renowned psychologist and senior doctor. Strategies are developed based on assessment and a junior psychologist who is on Samerth Special teacher team ensures that they are followed.

B.1.d Nutrition

The trainees at STK are given some nutrition as a snack every day. This includes milk twice a week, twice seasonal fruit, jaggery and gram, hot snack like khichdi or poha etc. Earlier sometimes children would get a day old food to the center. Ahmedabad being a city that faces extreme heat almost 8 months a year – the food would get spoiled. And then the children would have nothing to eat. Introduction of snack has filled the gap to some extent. Sometimes if the child is very hungry (and the teacher does not realise that the food has gone bad) – would go ahead and eat the spoilt food - this would impact their health. Now they know there is some food that they will get so might avoid eating spoilt food. This has led to improved attendance at the centre. The children are always excited to know what they will be given as snack.

On special days they are given some special snacks too. Children not only get nutrition from fruit but also learn what the various fruits look like/taste like. Understanding of colors through fruit. Older children also accompany to buy fruit, thus they learn the art of buying, handling monetary transactions etc. Dates provide the much needed iron as well as exercises their facial muscles, cheeks, teeth, tongue etc.

B.1.d Community Based Rehabilitation

Numerical data of the CBR trainees

Girls	Boys	Total
7	7	14

All the trainees of the CBR program are severely disabled hence cannot visit the centre, They are also given therapies like Physiotherapy, Speechtherapy, Sensory Activity, Clay Therapy, Music therapy, color therapy etc.

B.1.e. Home visit

Every month 18 -22 trainees are visited at their homes. There are several reasons for home visit – apart from checking in on the child in his surrounding, talking to parents in the privacy of their home – if they have any particular issue to discuss. Usually the reasons are

1. Trainees who fall sick very often are visited so that a doctor can be consulted. If the child has frequent epilepsy attack then to check if the medicines are being given on time at home.
2. Since our trainees are more on the vulnerable side, every time during season change the teachers visit their homes to remind the parents to be extra cautious during this time. (eg. sudden drop in temperature can lead to epilepsy fit to vulnerable child, if dressed in proper woollens the same could be avoided)
3. Children not to be given spicy food and stale food to be avoided for the child as much as possible.
4. If the child has been irregular, then to find reason for it and also offer support from our side
5. To consult parents when there is any participatory program for the child to be attended like Khel Mahakumbh, Ramotsav, Sanskrutik Program, Garba, celebration of festival etc
6. To train parents to give physio and speechtherapy to the child (based on the need) for about 10-12 minutes every day. These activities along with ADL (activities of daily living) are shown. so that they can be planned and undertaken at home too.

B.1.f Training of Teachers

In the last two quarter four trainings were undertaken of the team by our Mentor, Ms. Kavina Khatri from Blind Peoples Association. Trainings were undertaken on the following topic :

1. To work in levelwise groups as well as on individual basis.
2. How to work with early intervention kids
3. How to deal with children's anger and behavioural issues through flash cards
4. understanding and learning basics of sign language for trainees who can hear but cant talk

B.1.g Exposure visit/ Participation in activities

- Kids city in Kankaria for picnic
- Awareness on voting for special people
- McDonald's
- Balvatika Garden – Kankaria
- Participation in Fashion show organised for special children
- Special olympics
- Gopi Farm
- Ahmedabad sports festival
- SWMR (society for the welfare of mentally retarded) painting competetion
- SWMR Cultural program

STK trainees at kid's city



STK trainees at McDonalds



Participating in Fashion show for special children