

Day care centre for children with special needs

SAMERTH TALIM KENDRA



Fund Request to ASHA

General information

1. Name of the organization: Samerth Charitable Trust
2. Project title : Day care center for children with special needs
3. Project location : Juhapura, Ahmedabad, Gujarat, India
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Introduction

This proposal document describes the plans to provide educational inputs and facilities to children with special needs in the Juhapura, Sarkhej cluster of Ahmedabad. The initiative builds upon an existing program being implemented since 2006. The goal of the expanded initiative is to provide better facilities to children with special needs, equipping them with better skills to lead a life of independence – to the extent possible. Since its inception, the program is partly supported by individual donors and largely through Samerth’s core funds and a sustained funding is critical to the program at this juncture.

Background

Samerth Trust, founded in 1992 is registered under the Bombay trust act 1961. It was set up with a mission to work for social inclusion with the weaker and marginalized sections of the society. It aims to bring about a healthier, equitable and just social set up. Samerth works in Rapar& Ahmedabad in Gujarat and Bilaspur and Kawardha districts in Chhattisgarh.

In Ahmedabad, Samerth’s focus areas are Juhapura, Sarkhej and Narol. The area is predominantly inhabited by minorities, dalits and other backward communities and is characterized by poor infrastructure and lack of access to basic facilities.

Since 2002, Samerth has been actively working in these areas addressing the needs and demands of the community. The focus area of intervention was education – with various initiatives undertaken such as early education centers, mobile libraries, peace education, support classes, community information center, paralegal and adult literacy classes .In all its initiatives, Samerth stressed on the importance of parent’s involvement in their child’s life and encouraged their participation through PTAs (parent – teachers associations) and other forums. This resulted in parent’s active cooperation in the education of their children. In illiterate families, where cooperation is limited to their sending the child to school on time, now it was seen that there was an appreciation of her achievements and a visible concern for the continuity of her education. The activities of our centers demand more time of the child and hence also the involvement of the parents and the family.

Apart from this, parent teacher meetings became a forum where parents from different communities would come together to discuss quality of teaching and the progress of their children. The interactions brought members of polarized communities together and gave them opportunities to discuss other relevant issues. **One of the major issues that constantly came up during these meetings was that of children with special needs.** Through Samerth’s open communication with the local families we found that there was a need to provide a service to special children and their families as well as create community awareness about disabilities.

Samerth Talim Kendra

In response to this need, Samerth in 2006 initiated a specialized facility for disabled children aptly naming it the “Samerth Talim Kendra” .**The aim of this Kendra was to provide support and services to the disabled children and their families as well as create awareness regarding disability in community, encourage early detection and dispel myths and misbelieves associated with it.**

The kendra at present caters to 42 children who come daily from 11am to 5pm. These children face various disabilities including cerebral palsy, down syndrome, mental retardation, speech/hearing and vision impairment. Some of them are

multi-disabled. Most children coming to the Kendra are extreme cases from very poor economic backgrounds – those who are not welcomed in other institutions. The Kendra focuses on enhancing the children’s lives by involving them in individual and group education with activities based on each child’s Individual Action Plan (IAP). The children undergo various therapies according to their needs.

The impact of the Kendra has been extremely encouraging with marked difference in children –from being more responsive, to being independent in their activities of daily living, to becoming less aggressive and apt in social skills.

Till date, out of 146 children enrolled at the center,12 children have been enrolled in normal schools , 5 children have become financially independent by getting jobs or starting enterprises and 12 have enrolled in other vocational institutes. The Kendra has also helped parents of all 146 children to get government support for their kids viz : civil (medical) certificate, bus pass, railway pass, S.T. pass, Social Defense Identity Card, Niramaya Policy Card etc. It has also worked towards dispelling several myths about disability and helped parents understand and accept their children better.

Samerth Talim Kendra is registered with the **Social Defense Department under section 52** which contains the **‘Equal opportunities, protection of rights and full participation act for persons with disabilities – 1995’**.The Kendra is also registered with the **‘Delhi National Trust’** and the **‘Society for welfare of the mentally retarded’ (SWMR)**.Samerth Talim Kendra is also part of **SRMS (society for rehabilitation of mentally retarded) network**. Apart from trained professionals such as physiotherapist, speech and sensorial therapists coordinator for the Kendra has undergone **professional training on disability from the UGC recognized-** Bhoj University in Madhya Pradesh as well as several up gradation courses from BPA (Blind Peoples Association)

For the year 2016 -17, there are a total of 42 children attending the Kendra: 28 boys and 14 girls. Out of these 26 suffer from mental retardation, 5 with cerebral

palsy, and 8 with Down syndrome, one each with hearing, vision impairment and slow learning disability. A detailed chart of individual child and activities undertaken is attached as annexure 1.

Proposal

Problem statement

Rationale

World over, it is estimated that 10% of the overall population suffers from some form of disability. Samerth conducted an informal survey of the Juhapura/Sarkhej/Narol area in 2012 -13 and it was found that there are more than **2500 people with disabilities in this area**. It was also found that children formed a large part of this population. Reasons were obvious - apart from **poverty, there was illiteracy, unawareness and consanguineous marriages**. Added to this there were **issues related to resettlements, concern for livelihood, social and communal discrimination, and the overall general feeling of mistrust**. **And yet, in a population pocket of more than 4.5 lakh people in an 18km radius there is no government school or center that addresses the need of disabled people.**

The survey also revealed other startling facts. It was observed that in these communities, a child born with a disability is destined for a life of dependency. For the poor this burden can be extreme. Disabled children are a social, financial, mental and physical burden to their families. Due lack of knowledge and skills of the family, these children do not get the appropriate help they need. They do not go to school and hardly leave their homes. It has been observed that families often favor a healthy child over a disabled child, when it comes to food and attention. These children are either hidden from the society or are disowned by parents. Due to the high levels of illiteracy, the families do not understand or know about schemes and benefits provided by the government for these children. Also, parents are made to feel guilty about having a disabled child due to

misbelieves and fear. Family and neighbors would also encourage that feeling of guilt and a lot of mothers are left alone to care for their child.

Despite having an impressive and relatively better health care delivery system amongst all the Indian states, disability has been largely an ignored issue in Gujarat state. Further, the early identification of disability and appropriate rehabilitation intervention is not the focus area for public health care providers.

Target group

The target group for the disabled support program is children in the age of 3 - 20 with a mental and/or physical disability, from Juhapura, Vejalpur, Narol and sarkhej area of Ahmedabad, Gujarat, from poor needy families that cannot afford (medical) care for their children.

Project Objectives

Aim

The overall aim of this initiative is to educate children with special needs and aid their mental and physical development based on their individual capacities to improve their quality of life.

Objectives

- To run a well equipped disability center (Talim Kendra) for 42 children with special needs.
- Training and skill development for functional self-reliance in everyday life
- Ensuring preparedness of special children for integration in the mainstream society, by ways helping them be independent in activities of daily living, vocational training, equipping them with reading writing skills etc
- Creating awareness about needs of people with disabilities and factors contributing to incidence of disability in various stake holders at community level.
- Liasoning with government bodies and other stakeholders to provide people with disabilities the required services and schemes available for them



Children at kendra

Project Implementation plan

Admission process : Samerth Talim Kendra, ensures that each child is treated with care and attention, by assessing his/ her abilities and focus on self reliance to the extent possible. At the beginning of every new session the first step is to formulate an IAP (Individual Action Plan) for each child. This is done as the culminating step of a thorough process of assessment within which the child, parents, teachers and expert such as a psychologist and speech/physiotherapist come to a comprehensive understanding of the child's disability and therefore the special needs that each one has. Within the IAP, goals and strategies for the entire year are decided upon and activities are conducted keeping in mind the capability, age and I.Q. level of the child. The child is then admitted with other formalities in place such as passport size photograph and medical disability certificate issued by civil hospital (in case the child does not have one, parents are advised to get one issued as it an important tool for availing the benefits /

facilities / rights that they are entitled to, from the Central as well as State Government under various appropriate enabling legislations).

Classification of activities

The broad activities of the Kendra can be classified into three sets based on the stakeholder it addresses:

- a) With children – based on their level
- b) With the parents
- c) With society at large – other stake holders such as government offices, schools, organizations, community etc.

Activity with children:

Activity design: Each activity is designed creatively in play way method using flash cards, games, colorful stones and other craft material, music, films etc. From the 13 -14 there is extensive use of computer – as it was observed that some children find drawing / painting on computer more stimulating than on paper.



Activity with computers



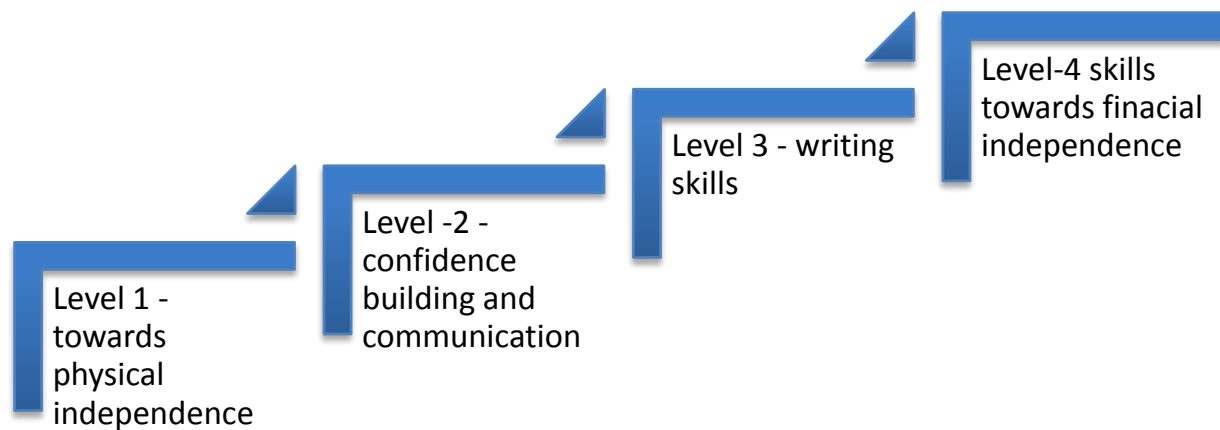
Activity of Art and Craft

Level based activities

Children are grouped together according to their age and abilities, so that there is cross learning as well as a definite growth and change chart can be diligently observed.

The activities have been clubbed together according to levels – with level 1 being the most basic and crucial activity towards physical independence like – toilet training (part of activity for daily living). As the level goes higher – the activities focus on becoming more and more independent. From becoming physically independent - communicating with the outside world - basic written literacy skills and finally economic independence. The Level 4 activity not includes vocational training but also facilitating admissions into vocational training schools.

Four steps to independence*



* Activities at levels are not water tight and invariably based on interest and ability, some skills flow into other levels – but a child graduates to the next level only if s/he can perform all activities of the previous level.

Level 1 activity: These are life skill activities, first step towards physical independence. These include brushing, eating, going to the toilet, bathing, dressing (buttoning the shirt, zipping trousers, wearing a pullover, tying shoe laces etc) oiling the hair, braiding hair, washing hands with soap etc. Also includes understanding of grooming – importance of keeping oneself clean and tidy at all times.

Level 2 activities: Activities focusing on confidence building & social interaction. These activities are designed to help the children to open up, to express their feelings to others and then to understand how the world around them works. Most disabled children have had little interaction with the outside world – most are found on extremes - have either lived a sheltered or abandoned/ neglected life. Their confidence is acutely low and it is important to build it and help them understand the navigations of the times they live in. In order to achieve this, various activities such as

storytelling, actions songs, art and craft, matching and sorting, time concept, money concept and shopping etc. are undertaken.

Level 3 activities: Writing skills: This is an important level and provides challenges on two counts. One it requires enormous concentration to write – draw straight & curved lines and two it is physically challenging for these children to hold the pen and apply appropriate pressure. This activity is divided in two parts – pre writing where children are taught standing lines, sleeping lines, tilted lines and also curved shapes and writing where they are write numbers from 1 to 50 and alphabets. When they are capable enough to write small words they are taught to write their name, address and phone number. At this stage they are also taught to count.



Pre writing and writing with a volunteer

Level 4 activities: activities focusing on skill (vocational and pre vocational) – so that the individual work towards becoming financially independent. These activities are undertaken with children of specific age group and are divided two activities – pre vocational and vocational. Children of 14 years and above are introduced to prevocational training. Before students can

produce objects they are taught simple skills like cutting, sticking, sewing etc and given the experience of different materials like paper, cloth, thread etc. Children of 18 years and above and abilities for vocational training are introduced to activities related to vocational training. Children are taught to sew and embroider as well and some go on to even earn out of these activities. Many children can make paper bags, key chains, bracelets etc.



Pre vocational and vocational activity in progress

Other common activities: The other activities such as Film viewing, celebration of festivals, out door/ indoor games and exposure visits are undertaken with all the children. Various therapies such as physiotherapy, speech therapy, therapy for sensorial development is need based, and undertaken according to levels and their requirements.



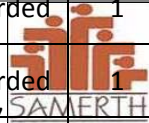
Physiotherapy session in progress



Exposure visit to Gandhi Ashram - Ahmedabad

Level wise progress of children at the Kendra in the year 15 -16 (status in January 16) and plan for year 16 -17 (detailed table with activities attached as annexure 1)

Sr No	Name	Gender	No. of years at the center	Age as on September 2015	Type of disability	Level in year 2014-2015	Level in year 2015 - 2016	Planned level for year 2016 - 2017	comments
1	Malek Avesh Mohammad Hanif	M	5	17	Down Syndrome	2	3	4	Ready for vocational training
2	Peer Saniya Mohammad Zakir	F	8	19	cerebral palsy	2	3	4	Ready for vocational training
3	Mansuri Imran Salimbhai	M	7	18	Mentally Retarded	2	3	4	Ready for vocational training
4	Hingora Shahnavaj Mohammad Fakeer	M	6	17	Down Syndrome	2	3	4	Ready for vocational training
5	Gaji Minhaj Hanifbhai	M	5	17	Down Syndrome	2	3	4	Ready for vocational training
6	Neelgar Sabiya Shakilbhai	F	8	16	Mentally Retarded	2	3	4	Ready for vocational training
7	Shamshuddin Abdul Munaaf	M	2 days	16	Mentally retarded	NA	NA	4	Ready for vocational training
8	Saiyad Aftab Anvarbhai	M	3	12	Mentally Retarded	2	3	3	consolidation of activities of level 1,2 & 3
9	Saiyad Sadaab Maheboobbhai	M	6	12	Mentally Retarded	2	3	3	consolidation of activities of level 1,2 & 3
10	Sumra Saleha Abbasbhai	F	3	10	cerebral palsy	2	3	3	consolidation of activities of level 1,2 & 3
11	Shaikh Sakib Mohammad Salim	M	3	12	Mentally Retarded	2	3	3	consolidation of activities of level 1,2 & 3
12	Ansari Kaif Mohammad Irfan	M	4	12	Hearing Impairment	1	3	3	consolidation of activities of level 1,2 & 3
13	Pathan Nilofar A.Muttalib	F	7	19	Down Syndrome	1	2	2	low IQ needs time on level 2
14	Shaikh Hasnen Mohammad Hanif	M	3	13	Mentally Retarded	1	2	2	low IQ needs time on level 2
15	Prajapati Parth Vinodbhai	M	6	19	Mentally Retarded	1	2	3	slow in the beginning, but has picked up
16	Shaikh Saniya Gulamnabi	F	2	8	Down Syndrome	NA	2	2	needs time here, very poor communication



17	Shaikh Arhan Mohammad Yusuf	M	2	5	Down Syndrome	1	2	3	fast learner
18	Saiyad Kaif Ajimuddin	M	8	11	Low Vision + Mentally retarded	1	2	3	low vision, poor iq
19	Kureshi Yusara Bilal Ahemad	F	1	8	Mentally Retarded	NA	1 & 2	3	high IQ and fast learner, improvement in speech
20	Shaikh Anas Mohammad Imran	M	4	10	Slow Learner	1	2	2	poor grasping skills
21	Shashigar Saad Asif Ahmad	M	1	11	Down Syndrome	NA	1 & 2	3	high IQ and fast learner
22	Mansuri Najnin Raeesbhai	F	1	14	Mentally Retarded		2	2	slow learner
23	Ansari Sharif Mohammad Shakil	M	3	12	Mentally Retarded		2	3	high IQ and fast learner
24	Momin Fatima Abdul Rajjak	F	1	22	Mentally Retarded	1	2	2	slow learner
25	Pathan Ayaz Aslamkhan	M	1	12	Mentally Retarded	1	2	2	slow learner
26	Shaikh Sahil Yusufbhai	M	6	14	Down Syndrome	1	2	3	good grasping power
27	Kureshi taiyabba Mohammad Shahhed	F	1 month	12	Mentally retarded	NA	NA	2 & 3	has responded extremely well to activities
28	Shaikh Saniya Ilmuddin	F	6	12	Mentally Retarded + CP	1	1	some activities of level 2	Multiple disability, low IQ
29	Ghanchi Ikra Varisbhai	F	1	7	Mentally Retarded	NA	1	2	slow learner, 0 exposure before coming to the centre
30	Kureshi Hamza Ayan Mohammad Amin	M	1 month	10	cerebral palsy	NA	NA	1	severe disability
31	Shaikh Zaid A.Wahab	M	2 months	4	Mentally Retarded	NA	NA	1	new joinee
32	Shaikh Mohammad Ayan Mohammad Taksir	M	2 months	8	cerebral palsy + 50% disability	NA	NA	1	new joinee

33	Hudani Inara Sohilbhai	F	1 month	7	Mentally Retarded	NA	NA	1	new joinee
34	Deewan Farhan Shah yusufbhai	M	1 month	4	cerebral palsy	NA	NA	1	new joinee
35	sheikh Shezeen Imran khan	F	20 days	10	Mentally Retarded	NA	NA	1	new joinee
36	Sheikh Rizwaan raisuddin	M	2 days	5	Mentally retarded	NA	NA	1	new joinee
37	Mansuri Aaliya Firozbhai	F	8 months	3	Mentally retarded	NA	NA	1	new joinee
38	Mohmad imran khan pathan	M	10 months	6	Mentally retarded	NA	NA	1	low iq
39	Bhatiyara Rehman Gulamhusian	M	2	15	Mentally retarded	NA	NA	1	low iq
40	Momin Muktasid Asifbhai	M	4	9	Mentally Retarded	1	1	2	
41	Vadadriya Aspak Husenbhai	M	4	15	Mentally Retarded	1	1	1	extremely low iq
42	Vadadriya Riyaz Husenbhai	M	8 months	12	Mentally Retarded	NA	1 & 2	3	extremely low iq

	Level 1
	level 2
	level 3

Activity with Parents and guardians of the children of kendra

1. **Parent Counseling:** If children display divergent behavior, counseling session is conducted with parents to understand the atmosphere at home and to sensitize the parents towards the special needs of these children and the precautions one has to take in dealing with them. Also they need to be continuously helped and encouraged to come out and interact with others. Within these sessions we inform the parents about the importance of conducting a health check up of these children and encourage them to do so every three months.



Counseling session with parents

2. **Home visits:** Upon every new admission the Kendra teams visits the child's home to observe the family environment so that we can understand the needs of the child and modes of counseling the parents. Home visit of each child is done every month – these are times when the teachers can do one on one interaction with parents. They are also times to understand the problems and tensions faced by parents – impacting the child directly, it helps teachers to understand the issues faced by child and his un explained

behavior. This is extremely important as most of these children are unable to communicate succinctly and hence often misunderstood.

3. **Parent teachers meet:** Once every three months a collective – teachers meeting is organized at the Kendra. It is a forum for parents to voice their common issues, discuss and find solutions. General information about government/ non government schemes are also discussed here. Discussions on medical care, problems related to consanguineous marriages are also discussed. Cross learning amongst parents is encouraged.

With other stakeholders:

Samerth always has had a policy of networking with like-minded NGOs and government agencies to further its goals and augment its reach. We will work with the BPA (Blind Peoples Association), Polio Foundation, Unnatti, Uthan, Prabhat to make sure that the needs of special children are paid due attention and their development is ensured. Our children will participate in various activities and competitions held by these organizations.

Regular visits by Kendra team to Social justice and Empowerment department, Women and child development department, education department etc will be made to ensure that we are in the know of the latest schemes/ change in policies and the same can be facilitated for the kendra's children.

Two state level consultations: Two district level workshops will be organised, which will be see participation from various stakeholders. The workshops will aim to help the differently abled find a voice of their own, identify needs, express views on priorities, evaluate services, advocate change and public awareness. The workshops will culminate into a network and will provide the opportunity to develop skills in the negotiation process, organizational abilities, mutual support, information sharing vocational skills and opportunities to people with disability.

Additional activities:

- 1. Baseline Study:** The last baseline survey undertaken by Samerth was in the year 12 -13. . It has been three years since and it is felt that a fresh baseline is required to know the present status of all the components of the programme so that a realistic assessment of inputs/levels and areas of intervention may be made. It may also function as a bench mark for as monitoring and evaluation. The baseline will have the following components:

Child and her family

- Size of family / Age and number of children / Educational status / Economic status
- If a child is in disabled, cause/ type/ intervention/ access to government schemes etc
- History of disability in family
- Understanding of disability in general in the community

- 2. Teacher's training:** Four such training each of 2 days duration will be conducted to process the experiences and problems of teachers faced during the course of teaching and supporting talim Kendra kids. The objective of this training will be to reinforce, rectify and build a sound and correct understanding of the activities along with the teaching – learning processes.

2.1 Study tour: The teachers will be taken on a study tour at least twice during the year to expose them to other institutions of excellence in various kinds of educational activities. This will help them to reflect on their own work and STK critically and adopt and adapt new ideas to function more effectively.

3. Sex education for special children: Sex education for children has emerged as need in the last couple of months. Fourteen children, all in their teens (12 boys and 2 girls), with a mix of disability have been identified for sexual health

education. Trained and experienced personnel will be identified to conduct workshop with kendra teachers and experienced and supportive parents – in order to guide them in ways and means to deal with children when they display sexual urges. The Psychologist will then be doing one on one session with identified children individually to help them behave in a sexually responsible manner.

4. Focus on skill development: 4 children (2 boys and 2 girls) – above 18 years of age, have been identified for further skill training, in order to become financially independent. These children have been in the Kendra for the past few years and are at stage where with support they will be able to economically contribute to the society at large. Samerth Kendra has already identified Utthan talim Kendra, Astha training center and Blind people’s association as training agencies for these children.