

# ANNUAL REPORT 2025-26

## Ek Prayas Centre

An early intervention Centre for children aged  
1 to 14 with Intellectual disabilities



# FROM THE DIRECTOR'S DESK

**Dear Friends,**

With great pleasure, I present before you the Annual Report of our Ek Prayas Centre, an Early Intervention Centre (EIC) for Intellectually Challenged children, for the year 2025-2026.

The year has been a journey of both achievements and learning experiences. At the Early Intervention Centre, our primary focus has been on early identification, timely intervention, and inclusive development of children with developmental delays and disabilities. We strongly believe that the early years of a child's life are critical, and timely support can significantly improve outcomes and quality of life.

Over the years, various models of disability intervention have been implemented; however, the importance of early intervention, family-Centered care, and inclusive practices has become increasingly evident. While policies at the national and global levels emphasize inclusion, accessibility, and universal design, there remains a considerable gap in effective implementation at the grassroots level—especially in early childhood services.

India, guided by frameworks such as the Rights of Persons with Disabilities Act, 2016, and the National Education Policy 2020, has recognized the importance of inclusive education and early support systems. However, the need of the hour is strengthening early intervention services so that children with developmental challenges can reach their full potential and be prepared for inclusive education and community participation.

At SPARC-India's Early Intervention Centre, we have taken proactive steps to provide multidisciplinary services, including therapeutic support, developmental assessments, parental counselling, and capacity building of caregivers. We believe that empowering families is key to ensuring sustainable progress for children with disabilities.

Moving forward, there is a need for increased awareness, early screening, and community-based interventions to ensure no child is left behind. A collaborative effort involving policymakers, professionals, families, and communities is crucial to create an inclusive ecosystem where every child can thrive.

I take this opportunity to express my heartfelt gratitude to all our respected donors, funding agencies, and corporate partners—especially IDFC FIRST Bank for their continued support of our Early Intervention initiatives.

I also extend my sincere thanks to our Honorable Board Members and National Advisory Committee for their guidance and strategic support. Their contributions have been invaluable in strengthening our services.

My special thanks to the Composite Regional Centre (CRC), Lucknow, for their continued support in providing training and assistive devices, which have greatly enhanced the quality of services at our Centre.

Last but not least, I deeply appreciate the dedication of our team-therapists, special educators, support staff, and volunteers, whose commitment makes a meaningful difference in the lives of children and their families every day.

Together, let us continue our efforts to ensure that every child receives the right support at the right time, enabling them to lead a dignified and fulfilling life.



*Amitabh Mehrotra*  
**Dr. Amitabh Mehrotra**  
Founder Secretary cum Director

# EK PRAYAS

## ANNUAL REPORT 2025-26

### School for Potential Advancement and Restoration of Confidence (SPARC) – India

#### About SPARC-India

SPARC-India, established in 1996, is dedicated to advancing Community-Based Rehabilitation (CBR) and inclusive development for Children with Disabilities (CwDs) and Persons with Disabilities (PwDs) across both urban and rural regions. The organization is a registered society under the Registrar of Chit Funds and the Societies Registration Act of 1860, bearing registration number 597 (1996). SPARC-India's programs focus on a holistic approach encompassing education, health, skill development, livelihood promotion, and medical rehabilitation. The organization also facilitates the formation of Self-Help Groups (SHGs) for PwDs and their families, fostering collective empowerment and advocacy for rights and entitlements. Through sustained partnerships and advocacy, SPARC-India actively strengthens linkages with government welfare schemes to ensure inclusion and accessibility. Over the years, SPARC-India has expanded its outreach to 30 districts of Uttar Pradesh under the PACS Program, supported by the Department for International Development (DFID), United Kingdom, reflecting its continued commitment to inclusive growth and social justice.

**Mission:** To serve and create a barrier-free environment for marginalized, particularly the disabled, where they can realize their rights and live with dignity.

**Vision:** To empower the marginalized, especially the disabled, through creating equal opportunities to pave the way for an inclusive society.

#### About Ek Prayas Center

SPARC-India's Ek Prayas Centre, supported by IDFC FIRST Bank, has initiated an Early Intervention Program for Children with Intellectual Disabilities and Autism. The program includes educational activities, physiotherapy, and speech therapy sessions.

## Services are being provided

### 1. Core Services

- **Medical Services** –Diagnostic, evaluation, and treatment services for children with diseases and deficiencies, provided by a Paediatrician/Medical Officer.
- **Dental services** –Assessment and treatment of dental, gum, and oral hygiene-related issues.
- **Occupational therapy & Physical therapy** – Interventions to enhance self-help skills, adaptive behaviour, sensory integration, motor development, posture, and play. Includes support for feeding and oro-motor difficulties. (Physiotherapist/Occupational Therapist)
- **Psychological Services** –Assessment through psychological testing, behavioural evaluation, counselling, parent training, and behaviour modification planning. (Psychologist)
- **Cognition Services** – Identification of cognitive delays and provision of interventions to improve learning, adaptive behaviour, and developmental outcomes. (Clinical Psychologist/Early Interventionist)
- **Health Services** –Preventive and promotive health services enabling children to benefit from early intervention programs.
- **Nutrition Services** – Assessment of nutritional needs, feeding skills, food habits, and guidance for appropriate dietary practices.
- **Social Support Services** – Socio-emotional assessment of children and families, counselling, socio-economic evaluation, and linkage with social welfare schemes.
- **Psycho-Social & Educational Support** –Development of child-friendly learning environments, family counselling, capacity building of caregivers, and maintenance of case records for follow-up and research. (Special Educator)
- **Capacity Building & Community Outreach** -Training of multi-skilled community personnel and strengthening early intervention services at block and community levels, including referral support.

### 2. Supplementary services:

- **Disability Certification & Linkages:** With other members of the disability board, liaise with other departments under various ministries, Disability Division of the Ministry of Social Justice and Empowerment.
- **Assistive Technology Services** – equipment and services that are used to improve or maintain the abilities of a child to participate in such activities as Moving, Communication and learning to compensate for a specific biological limitation.
- **Special Education Services (1–14 years)** -Individualized educational support for children with Autism, Cerebral Palsy, Intellectual Disabilities, and Multiple Disabilities through a family-centred approach.
- **Family Support Services** -Long-term support to families, focusing on inclusion of children in natural environments and daily routines.
- **Social Security Linkages** –Facilitation of access to disability pensions, scholarships, and other entitlements.

- **Inclusive Education Support** - Coordination with the Department of School Education under Samagra Shiksha (formerly Sarva Shiksha Abhiyan) to promote inclusive education for children aged 6–14 years.
- **Aids & Appliances for School-going Children** - Provision of assistive devices and support from trained special educators.
- **Home-Based Education** - Educational services for children with special needs who are unable to attend school, based on individual requirements.

**Sustainability:** -A community-based and sustainable model is promoted by strengthening parental ownership and building strong linkages with schools and local institutions. Parents are empowered as co-facilitators in their child's development, while collaboration with community stakeholders ensures continuity of care, inclusion, and long-term impact.

**Sponsorship Support:** -Children with Disabilities (CwDs) enrolled at Ek Prayas Centre are supported under the Sponsorship Scheme of the Department of Women and Child Development, Government of Uttar Pradesh, implemented through Mission Vatsalya.

This scheme provides financial assistance to children aged 1–18 years from economically vulnerable families, enabling them to meet essential needs while continuing to live within their family environment, thereby reducing institutionalization.

- Each eligible child receives approximately ₹4,000 per month, directly transferred to their bank account.
- The support is utilized for education, nutrition, healthcare, therapy, and overall well-being.
- Applications are facilitated through multiple channels, including DCPU, Aanganwadi Centres, CDPO, NGOs, and CWC, ensuring wider outreach and accessibility.

Under this initiative, sponsorship applications for five children—Lucky, Prashant, Apoorvi, Veer, and Janvi—have been completed. Each child will receive monthly financial assistance of ₹4,000, significantly contributing to their care, development, and improved quality of life.

# Governance Structure

**Governance Structure** is essential for the effective functioning of **Ek Prayas**, an **Early Intervention Centre**. Roles and responsibilities at every level should be clearly assigned.

## 1. Management Level Responsibilities:

- Provide overall leadership and management of the programme and all its components.
- Various policies viz. HR, Finance, Safeguarding, Child Protection, POSH/Gender Sensitization, etc., are in place to create a strong governance system.
- Recruit staff and effectively manage the overall functioning and image of the school/center.
- Sensitize and build awareness among government functionaries and key stakeholders involved in service delivery.
- Undertake policy advocacy on disability-related issues.
- Ensure policy formulation and effective implementation.
- Oversee fund approval and ensure the proper utilization of resources.
- Conduct regular monitoring and evaluation of programme activities.
- Work towards long-term planning, institutional development, and quality improvement.
- Communicate with donors regarding project progress and updates.

## 2. Centre Level Centre Head Responsibilities:

- Oversee the training and management of staff and volunteers.
- Coordinate with other team members of the organization to achieve programme goals.
- Ensure the smooth implementation and overall functioning of the programme.
- Organize periodic meetings for strategy development and to provide performance feedback to staff.
- Monitor programme activities and expenditures, ensuring alignment with the approved budget.
- Maintain proper documentation and prepare regular reports.
- Establish linkages with relevant schemes and programmes, and develop crisis intervention plans as required.
- Supervise and coordinate staff for efficient service delivery.
- Ensure timely and smooth delivery of services to children.
- Maintain regular coordination with parents and management for better programme implementation.

## 3. Technical Team Members:

- The technical team delivers intervention services based on the individual needs of children.
- 2 Special Educators
- 1 Physiotherapist
- 1 Speech Therapist

### Responsibilities:

- Conducting child assessments
- Developing **IEP/IIP** plans
- Providing therapy and intervention
- Reviewing child progress regularly

## 4. Support Team

The support team assists in child care and centre management.

#### **Members:**

- Helper

#### **Responsibilities:**

- Supporting daily child care
- Assisting in smooth centre functioning

#### **Key Point**

- A clear **accountability and reporting system** must be maintained at every level to ensure quality and responsibility.

#### **Compliance Measurement**

- **Compliance Measurement** ensures that the centre functions according to the required **standards, policies, and guidelines**.

### **1. Documentation**

Proper and updated records must be maintained for all children and programme activities.

#### **Required Records:**

- Child assessment records
- **IEP/IIP** plans
- Attendance register
- Therapy records

### **2. Program Compliance**

**The centre must comply with all relevant government and institutional norms.**

#### **Key Areas:**

- Early Intervention / Disability guidelines
- Child Safety and Protection Policy
- Hygiene and sanitation standards

### **3. Monitoring Indicators**

These indicators help measure programme effectiveness.

#### **Key Indicators:**

- Total children enrolled: **48**
- Active children: **40**
- Improvement in pre- and post-assessment

### **4. Audit and Review**

Regular review helps maintain service quality and compliance.

#### **Processes:**

- Monthly internal review
- Quarterly external audit reporting to the funding agency / concerned department

## Risk management practices

| Risk                                                                                 | Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child Safety Risk                                                                    | Child protection policy, safe infrastructure, and staff verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Health Risk                                                                          | Health camps, hygiene, and emergency medical support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Low attendance/dropout                                                               | Home visits, counselling, support linkages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Scaling up the intervention with limited resources                                   | Prioritization, partnerships, and low-cost intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| High Dropout rates among enrolled children are due to the support system             | <ul style="list-style-type: none"> <li>➤ To reduce the risk of dropout caused by the lack of a support system for parents, linkages will be established with key government schemes, programmes, and social and financial support services.</li> <li>➤ In addition, sponsorship opportunities for children will be developed to help families cope with daily life challenges and to ensure the child's continued attendance and participation at the centre.</li> </ul>                                                                                                                                                                                                                                                                  |
| Lack of cooperation from family members                                              | Parent counselling, regular meetings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Reluctance of parents to obtain disability certificates due to financial constraints | <ul style="list-style-type: none"> <li>➤ Parents were supported in the online registration process for obtaining disability certificates.</li> <li>➤ Guidance was provided regarding the required documents and application procedures.</li> <li>➤ Parents were sensitized about relevant government schemes, available benefits, and the importance of obtaining a disability certificate.</li> <li>➤ A <b>UDID (Unique Disability ID) camp</b> was organized at the centre.</li> <li>➤ Through the camp, children and parents were assisted in obtaining <b>disability certificates and UDID cards</b>.</li> <li>➤ Parents were also guided on the registration process and the government benefits linked to the UDID card.</li> </ul> |

# Program Overview

## Executive Summary

Ek Prayas is an early intervention and inclusive education initiative by SPARC India for children with developmental disabilities and neurological disorders aged 1–14 years in Bakshi Ka Talab, Lucknow. Through a multidisciplinary team, the programme provides assessment, therapy, IEP-based support, pre-vocational training, nutrition support, parent engagement, and community awareness to promote holistic development, inclusion, and long-term empowerment.

## Overview of the program

Ek Prayas is an innovative Inclusive Education Resource Centre for Children with Disabilities (CwDs) aged 1–14 years, located in rural Bakshi Ka Talab (BKT), Lucknow, Uttar Pradesh. The centre provides state-of-the-art support services for the medical, educational, social, and developmental needs of children, with a special focus on marginalized communities.

Recognizing that the early years (0–6 years and till 14 years) are critical for a child's brain development, communication, learning, behavior, physical growth, and daily living skills, the program was established to provide timely identification, therapeutic intervention, educational support, and family-centered guidance for children with developmental delays, disabilities, and neurological challenges.

The program addresses key gaps commonly found in rural and underserved communities, including:

- Delayed identification of developmental challenges
- Limited access to specialized services and regular therapy
- Low parental awareness and guidance
- Gaps in school readiness and inclusive education support.

In this way, Ek Prayas acts as a critical bridge between children, families, and service providers. Bakshi Ka Talab (BKT), Lucknow, was selected as the implementation area due to the limited availability of specialized child development services and the presence of economic, social, and geographical barriers that restricted families' access to city-based care. The program was therefore designed to ensure timely, accessible, and child-centered early intervention services for children and their families.

## Program objectives

To create an ambience of quality Early Intervention services under one roof and its community arch, with appropriate support from the community/state in a sustainable way.

The best possible support (service delivery system, financial, social, and emotional/ psychological) for parents/ caregivers/ guardians/ mothers/ grandmothers to reduce the burden of CwDs on their families.

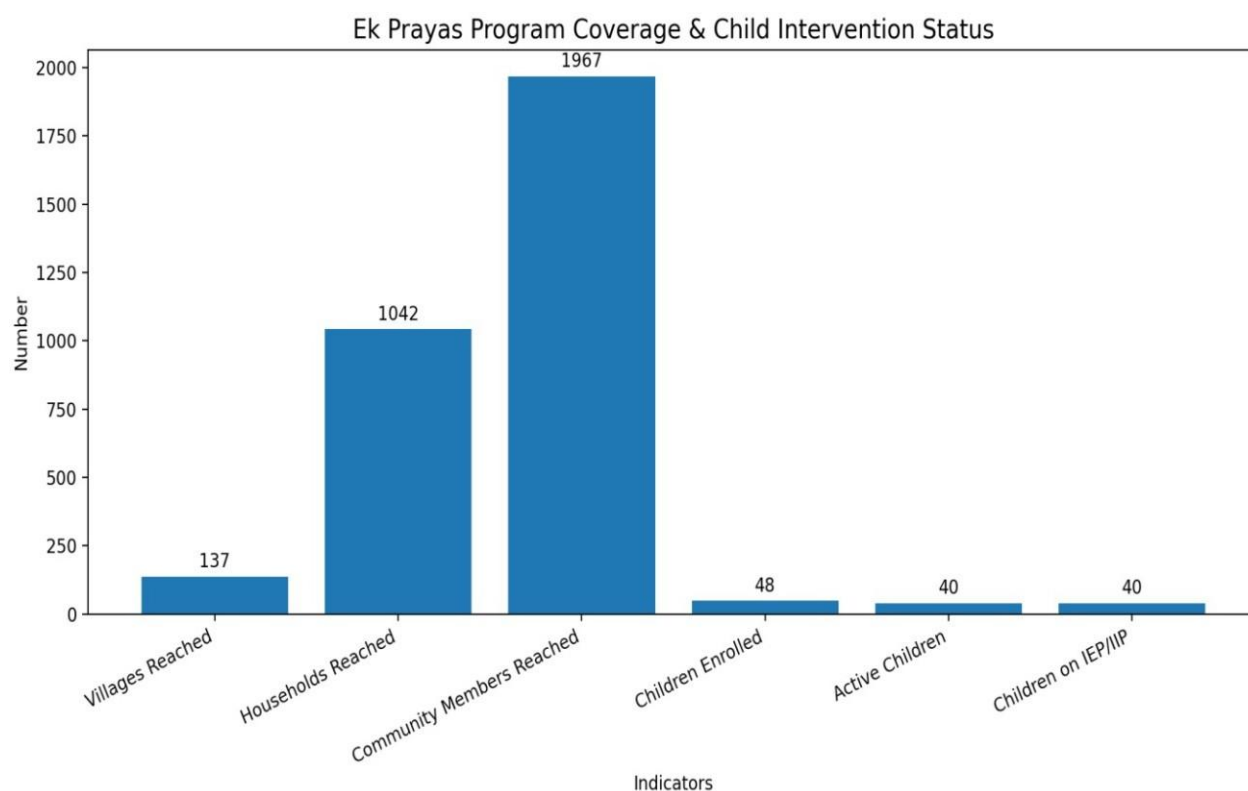
Scale up the intervention to saturate the locality and create optimum support for them

## Specific Objectives

- 1. Capacity Building:** To strengthen the capacity of organizations working in the field of autism and intellectual disabilities in alignment with SPARC India's standards and requirements.
- 2. Training & Development:** To provide need-based training and technical support to organizations/institutions (ODs) for more effective management of developmental disabilities.
- 3. Awareness & Early Identification:** To raise awareness among rural NGOs, communities, and families for the early identification of children with developmental delays and disabilities.
- 4. Establishment of Resource Centre:** To establish an “Ek Prayas Resource Centre (Early Intervention Centre)” for children aged 1–10 years with autism and intellectual disabilities, ensuring continuity and sustainability of services.
- 5. Early Intervention Services:** To provide children with disabilities (CwDs) with:
  - Early identification
  - Early intervention
  - Early education
  - Support in health, nutrition, and hygiene to promote their overall development.
- 6. Teacher and Caregiver Training:** To build the capacity of teachers, special educators, caregivers, and parents to deliver effective early childhood education and intervention.
- 7. Community Empowerment:** To empower marginalized and underserved communities, especially parents of children with disabilities, through awareness, participation, and engagement in inclusive education.
- 8. Convergence & Collaboration:** To strengthen collaboration with key departments such as education, disability affairs, health, social welfare, and ICDS for improved implementation of inclusive education initiatives.
- 9. Knowledge Enhancement:** To equip community members with updated knowledge, inclusive practices, and a rights-based perspective, enabling them to advocate for children's rights and access available services and entitlements.

### Geographic coverage

During the reporting period, the program expanded its outreach to 137 villages, covering 1,042 households and reaching a total of 1,967 community members through awareness, identification, and intervention-related activities. A total of 48 children were enrolled at the Ek Prayas Centre, of which 40 are currently active. Regular intervention services are being provided to these 40 children in accordance with their Individualized Education Plans (IEPs) and Individualized Intervention Plans (IIPs).



### Target Beneficiaries

- Age group: 1–14 years
- Children with Autism, Intellectual Disability, Cerebral Palsy, Developmental Delay, Multiple Disabilities, etc.
- Parents/caregivers
- Community stakeholders

### 2.6 Implementation Approach

- Centre-based intervention
- Community-based intervention
- Community-based identification
- Home visits
- Parent support groups
- Assessments
- Therapy services
- Referral and linkage support
- Government convergence

## SPARC-INDIA'S EK PRAYAS KEY ACTIVITIES

APRIL 2025 - MARCH 2026 (FY 2025-26)

### UDID Camp

On April 15, 2025, SPARC-India organized a *UDID Certificate Camp* for children from *Ek Prayas*, *Jyoti Kiran School*, the *Inclusive Education Program*, and the *local community*. With the support of **Dr. Abhay Singh**, **Dr. Garima Singh**, and **Mr. Shrawan Kumar**, medical assessments of 22 children were conducted.



The camp was successfully implemented with active participation from staff and volunteers, marking a significant step towards promoting inclusion and facilitating access to disability certification.

### Valedictory Function

On May 31, 2025, SPARC-India organized the *Valedictory Function* of the “**Ek Prayas**” **Summer Camp** at its SPARC-India Madiyaon office.



The event featured cultural performances, an art exhibition, and distribution of gifts, celebrating the talents and achievements of children with disabilities.

The Chief Guest, **Mr. Puneet Asthana**, and the Guest of Honour, **Mr. Ankit Mehra**, graced the occasion. Representatives from **Tata Consultancy Services** and SPARC India were also present.

### Tree Plantation

Under the Ek Prayas program, a total of **80 saplings** were planted to promote environmental awareness and sustainability. As part of the initiative, **two saplings each were planted at the homes of 37 children**, encouraging active participation of children and their families.



In addition, **6 saplings were planted at the Ek Prayas Centre premises** to contribute to a greener and cleaner environment around the centre.

### Psychological Assessment

A comprehensive psychological assessment was conducted over six days—July 31; August 1 and 2; August 20 and 21; and September 1, 2025—at the SPARC-India's Ek Prayas Centre.

The assessment was carried out by psychologists **Ms. Rita Singh** and **Ms. Manju Yadav** to evaluate the **cognitive, emotional, and behavioural development** of the students.

Standardized tools such as the *Vineland Social Maturity Scale (VSMS)*, *Developmental Screening Test (DST)*, and *IQ assessments* were utilized. The findings indicated varying levels of social maturity, developmental abilities, and cognitive functioning among the children.

These results will be used to design **Individualized Intervention Plans (IIPs)** to support each child's growth and overall well-being, with a focus on early intervention, behaviour management, and parental support.




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## SOME OTHER ACTIVITIES

### DURING APRIL 2025 - MARCH 2026

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**Ganesh Chaturthi**



**Independence Day**



**Awareness Programme**



**Class Activity**



**Colouring Activity**



**Physiotherapy**



**Speech Therapy**



**Counselling**



**Saturday Activity**



**Neurological Health Camp**



**Children's day**



**Award Function**

## Institute-Based Activities

### Rakhi making

On August 8, 2026, students participated in a *Rakhi-making activity* and learned about the significance of Raksha Bandhan, gaining an understanding of the special bond celebrated between brothers and sisters.



### Independence Day

On August 15, 2025, the *78<sup>th</sup> Independence Day* was celebrated with great enthusiasm and patriotism. The event commenced with the hoisting of the national flag, followed by cultural performances, including patriotic songs and dances.



The celebration instilled a strong sense of national pride and unity among students, teachers, and staff, fostering a deeper appreciation for the country's freedom and diversity.

### Dental and Oral Health Check-up Camp

On September 13, 2025, a *Dental and Oral Health Check-up Camp* was organized to promote oral health and hygiene among children.



The camp was conducted by junior residents from King George's Medical University, including **Dr. Aman**, **Dr. Ayushi**, **Dr. Mohit**, **Dr. Sreeja**, **Dr. Deepak**, and **Dr. Shepsa**, along with interns **Dr. Boody** and **Dr. Ashish**, with support from staff member Nihal.

During the camp, the dental health of **35 students** was thoroughly examined. Various oral health issues were identified, and students were provided with professional guidance and recommendations.

At the end of the camp, children were distributed **toothpaste and toothbrushes** and educated on proper brushing techniques and oral hygiene practices, fostering awareness and encouraging healthy habits.

### Beneficiary Distribution by Type of Disability

| Disability Type          | Number of Children |
|--------------------------|--------------------|
| Intellectual Disability  | 15                 |
| Cerebral Palsy           | 6                  |
| Hearing Impairment       | 3                  |
| Autism Spectrum Disorder | 4                  |

|                                     |   |
|-------------------------------------|---|
| <b>Locomotor Disability</b>         | 3 |
| <b>Spina Bifida</b>                 | 1 |
| <b>Developmental Delay</b>          | 1 |
| <b>Multiple Disability</b>          | 1 |
| <b>Speech and Language Disorder</b> | 1 |

#### Beneficiary Details – Pre & Post Assessment (Dental Camp)

| S. No. | Name           | Disability               | Age    | Pre-Assessment                                 | Post-Assessment                           |
|--------|----------------|--------------------------|--------|------------------------------------------------|-------------------------------------------|
| 1      | Abhishek Verma | Cerebral Palsy           | 5 yrs  | Oral hygiene needed improvement.               | Continued need for improvement.           |
| 2      | Aditya         | Autism                   | 10 yrs | Poor oral hygiene; required caregiver support. | Slight improvement observed.              |
| 3      | Anshika        | Intellectual Disability  | 12 yrs | Required guidance for oral hygiene.            | Improved brushing and hygiene.            |
| 4      | Anshika 2      | Intellectual Disability  | 5 yrs  | Needed support for brushing habits.            | Improvement in brushing and hygiene.      |
| 5      | Anvi           | Developmental Delay      | 7 yrs  | Poor oral hygiene maintenance.                 | Improved brushing habits observed.        |
| 6      | Archit         | Intellectual Disability  | 3 yrs  | Dependent on caregivers for oral care.         | Improvement with caregiver support.       |
| 7      | Ayush          | Autism Spectrum Disorder | 10 yrs | Irregular brushing habits.                     | Improved brushing techniques and hygiene. |
| 8      | Harsh          | Cerebral Palsy           | 11 yrs | Required assistance for oral hygiene.          | Improvement with caregiver involvement.   |
| 9      | Janvi          | Intellectual Disability  | 6 yrs  | Improper brushing habits.                      | Improved oral care practices.             |
| 10     | Jeeva          | Autism Spectrum Disorder | 13 yrs | Fully dependent on caregivers.                 | Slight improvement in cooperation.        |
| 11     | Krishna        | Cerebral Palsy           | 3 yrs  | Fully dependent on caregivers.                 | Treatment ongoing.                        |
| 12     | Misthi         | Intellectual Disability  | 6 yrs  | Irregular brushing habits.                     | Improved with supervision.                |
| 13     | Naman          | Intellectual Disability  | 13 yrs | Poor oral hygiene.                             | Improvement with caregiver support.       |
| 14     | Payal          | Cerebral Palsy           | 3 yrs  | Fully dependent on caregivers.                 | Improved care after guidance.             |
| 15     | Pihu           | Spina Bifida             | 6 yrs  | No issues identified.                          | No concerns reported.                     |
| 16     | Prabhat        | Intellectual Disability  | 8 yrs  | Irregular brushing habits.                     | Improved hygiene practices.               |

|    |                 |                            |        |                                      |                                    |
|----|-----------------|----------------------------|--------|--------------------------------------|------------------------------------|
| 17 | Prashant        | Autism Spectrum Disorder   | 13 yrs | Fully dependent on caregivers.       | Slight improvement in cooperation. |
| 18 | Ritik           | Intellectual Disability    | 9 yrs  | Needed guidance for oral hygiene.    | Improved brushing habits.          |
| 19 | Saumya 1        | Cerebral Palsy             | 4 yrs  | Required caregiver assistance.       | Improved caregiver-led hygiene.    |
| 20 | Saumya 2        | Intellectual Disability    | 9 yrs  | No major issues observed.            | Routine care advised.              |
| 21 | Adil            | Intellectual Disability    | 10 yrs | Irregular brushing habits.           | Regular brushing initiated.        |
| 22 | Shikhar Kashyap | Intellectual Disability    | 13 yrs | Poor oral hygiene.                   | Noticeable improvement observed.   |
| 23 | Payal           | Locomotor Disability       | 12 yrs | Presence of cavities.                | Advised improved oral care.        |
| 24 | Nandini         | Locomotor Disability       | 9 yrs  | Tooth pain affecting eating.         | Home remedies advised.             |
| 25 | Ashish          | Hearing Impairment         | 14 yrs | Presence of cavities.                | Oral hygiene improvement advised.  |
| 26 | Ritik           | Hearing Impairment         | 19 yrs | Irregular brushing habits.           | Regular brushing started.          |
| 27 | Ummi            | Hearing Impairment         | 15 yrs | Tooth pain reported.                 | Home remedies advised.             |
| 28 | Alima           | Multiple Disability        | 12 yrs | Presence of cavities.                | Oral hygiene improvement advised.  |
| 29 | Faiz            | Speech & Language Disorder | 13 yrs | Tooth pain reported.                 | Home remedies advised.             |
| 30 | Ikra            | Intellectual Disability    | 18 yrs | Tooth pain reported.                 | Home remedies advised.             |
| 31 | Shivan          | Intellectual Disability    | 19 yrs | Poor oral hygiene.                   | Improvement observed.              |
| 32 | Arman           | Locomotor Disability       | 17 yrs | Difficulty eating due to tooth pain. | Home remedies advised.             |
| 33 | Ayush           | Cerebral Palsy             | 23 yrs | Irregular brushing habits.           | Regular brushing initiated.        |
| 34 | Uvaish          | Intellectual Disability    | 14 yrs | Presence of cavities.                | Oral hygiene improvement advised.  |
| 35 | Aryan           | Intellectual Disability    | 19 yrs | Tooth pain reported.                 | Home remedies advised.             |

## Conclusion

The dental camp strengthened preventive healthcare services for children with disabilities enrolled at the centre. Such initiatives facilitate early detection of oral health issues and

enhance awareness among parents and caregivers regarding the importance of maintaining proper oral hygiene.

## Neurological Health Camps

On September 21, 2025; October 12, 2025; and February 15, 2026, neurological health camps were conducted by **Dr. Nishant Gopal** from **Apollomedics Hospital, Lucknow**.

During these camps, a total of **50 students** underwent comprehensive neurological evaluations, including review of medical history, clinical examination of motor and sensory functions, and developmental and behavioural screening.



The assessments identified concerns among some students, such as developmental delays, learning and attention difficulties, and, in a few cases, a history of seizures. Where required, appropriate medications were prescribed, and supportive interventions such as **speech therapy and occupational therapy** were recommended. Guidance was also provided for regular follow-up and continuous monitoring.

## Beneficiary Distribution by Type of Disability

| Disability Type          | Number of Children |
|--------------------------|--------------------|
| Intellectual Disability  | 26                 |
| Cerebral Palsy           | 12                 |
| Developmental Delay      | 3                  |
| Autism Spectrum Disorder | 4                  |
| Spina Bifida             | 2                  |
| Locomotor Disability     | 1                  |
| Multiple Disability      | 1                  |
| Hearing Impairment       | 1                  |

## Beneficiary Details – Pre & Post Assessment (Neurological Camps)

| S. No | Name      | Disability              | Age    | Pre-Assessment                        | Post-Assessment                            |
|-------|-----------|-------------------------|--------|---------------------------------------|--------------------------------------------|
| 1     | Jagat Pal | Intellectual Disability | 13 yrs | Lethargic; avoided responsibilities.  | More active; participates in activities.   |
| 2     | Rishabh   | Cerebral Palsy          | 8 yrs  | Low activity level; drooling present. | Reduced drooling; improved activity level. |
| 3     | Nisha     | Intellectual Disability | 11 yrs | Frequent seizures (every 10 minutes). | Reduced frequency of seizures.             |
| 4     | Himanshu  | Intellectual Disability | 11 yrs | Lethargic; avoided responsibilities.  | Improved participation in activities.      |

|    |                |                          |        |                                            |                                                    |
|----|----------------|--------------------------|--------|--------------------------------------------|----------------------------------------------------|
| 5  | Mannat         | Locomotor Disability     | 10 yrs | Frequent seizures.                         | Reduced seizure frequency.                         |
| 6  | Naina          | Intellectual Disability  | 9 yrs  | Highly hyperactive.                        | Improved attention; able to sit for some time.     |
| 7  | Abhay          | Cerebral Palsy           | 11 yrs | Low physical activity.                     | Treatment ongoing.                                 |
| 8  | Aniket         | Cerebral Palsy           | 8 yrs  | Low physical activity.                     | Treatment ongoing.                                 |
| 9  | Anshika        | Intellectual Disability  | 9 yrs  | Drooling and low activity.                 | Reduced drooling; improved behaviour.              |
| 10 | Abhishek Verma | Cerebral Palsy           | 5 yrs  | Unable to walk independently.              | Attempts walking with support.                     |
| 11 | Aditya         | Autism Spectrum Disorder | 10 yrs | Limited response and interaction.          | Slight improvement in responsiveness.              |
| 12 | Anshika        | Intellectual Disability  | 12 yrs | Poor speech and attention.                 | Slight improvement in response and participation.  |
| 13 | Anshika 2      | Intellectual Disability  | 5 yrs  | Difficulty in speech and attention.        | Improved response and participation.               |
| 14 | Anvi           | Developmental Delay      | 7 yrs  | Weak hand grip and coordination.           | Improved grip and object holding.                  |
| 15 | Archit         | Intellectual Disability  | 3 yrs  | Difficulty in speech and understanding.    | Minor improvement in speech and response.          |
| 16 | Ayush          | Autism Spectrum Disorder | 10 yrs | Difficulty in communication and attention. | Improved ability to follow instructions.           |
| 17 | Harsh          | Cerebral Palsy           | 11 yrs | Difficulty walking and speaking.           | Attempts steps with support; improved sounds.      |
| 18 | Janvi          | Intellectual Disability  | 6 yrs  | Hyperactivity and poor attention.          | Improved attention and response.                   |
| 19 | Jeeva          | Autism Spectrum Disorder | 13 yrs | Irritability and limited communication.    | Improved sitting tolerance and reduced behaviours. |
| 20 | Krishna        | Cerebral Palsy           | 3 yrs  | Low physical activity.                     | Treatment ongoing.                                 |
| 21 | Mishti         | Intellectual Disability  | 6 yrs  | Poor speech and attention.                 | Improved communication and participation.          |
| 22 | Naman          | Intellectual Disability  | 13 yrs | Difficulty in speech and comprehension.    | Treatment ongoing.                                 |
| 23 | Payal          | Cerebral Palsy           | 3 yrs  | Poor balance and mobility.                 | Slight improvement in balance and communication.   |

|    |                 |                          |        |                                         |                                                |
|----|-----------------|--------------------------|--------|-----------------------------------------|------------------------------------------------|
| 24 | Pihu            | Spina Bifida             | 6 yrs  | Limited lower limb function.            | Treatment ongoing.                             |
| 25 | Prabhat         | Intellectual Disability  | 8 yrs  | Poor comprehension and expression.      | Improved response and communication.           |
| 26 | Prashant        | Autism Spectrum Disorder | 13 yrs | Irritability and limited communication. | Improved sitting and response.                 |
| 27 | Ritik           | Intellectual Disability  | 9 yrs  | Poor attention and understanding.       | Improved participation and response.           |
| 28 | Saumya 1        | Cerebral Palsy           | 4 yrs  | Difficulty walking and speaking.        | Attempts steps with support.                   |
| 29 | Rudra           | Cerebral Palsy           | 2 yrs  | Delayed motor milestones.               | Treatment ongoing.                             |
| 30 | Saumya 2        | Intellectual Disability  | 9 yrs  | Poor comprehension and interaction.     | Mild improvement in participation.             |
| 31 | Shaurya         | Intellectual Disability  | 8 yrs  | Very limited communication.             | Minor improvement in responsiveness.           |
| 32 | Shubhash        | Intellectual Disability  | 14 yrs | Delayed speech and motor skills.        | Slight improvement in activity and movement.   |
| 33 | Sujeet          | Intellectual Disability  | 13 yrs | Poor speech and academic skills.        | Improved participation in learning activities. |
| 34 | Suryansh        | Developmental Delay      | 6 yrs  | Poor coordination and communication.    | Improved response and balance.                 |
| 35 | Vansh           | Spina Bifida             | 7 yrs  | Limited mobility.                       | Treatment ongoing.                             |
| 36 | Veer            | Cerebral Palsy           | 8 yrs  | Drooling and low activity.              | Treatment ongoing.                             |
| 37 | Vivanshi        | Developmental Delay      | 3 yrs  | Delayed speech and walking.             | Treatment ongoing.                             |
| 38 | Ikra            | Intellectual Disability  | 18 yrs | Hyperactivity and poor attention.       | Slight improvement observed.                   |
| 39 | Aryan Vaishya   | Intellectual Disability  | 19 yrs | Frequent seizures and hyperactivity.    | Reduced seizures; improved stability.          |
| 40 | Pragya Rajpoot  | Intellectual Disability  | 13 yrs | Lethargic and inactive.                 | More active and responsive.                    |
| 41 | Adil            | Intellectual Disability  | 10 yrs | Did not follow instructions.            | Improved listening and understanding.          |
| 42 | Avyansh         | Intellectual Disability  | 5 yrs  | Hyperactive; poor attention.            | Improved attention; able to sit briefly.       |
| 43 | Tayyab          | Multiple Disability      | 16 yrs | Aggressive behaviour.                   | Reduced aggression and hyperactivity.          |
| 44 | Shikhar Kashyap | Intellectual Disability  | 13 yrs | Restless and aggressive.                | Calmer behaviour; improved control.            |

|    |                |                         |        |                              |                                                    |
|----|----------------|-------------------------|--------|------------------------------|----------------------------------------------------|
| 45 | Shiva Kashyap  | Hearing Impairment      | 16 yrs | Aggressive and disruptive.   | Improved behaviour and interaction.                |
| 46 | Aradhya Tiwari | Intellectual Disability | 16 yrs | Hyperactive; poor attention. | Improved attention and behaviour.                  |
| 47 | Parth Yadav    | Cerebral Palsy          | 7 yrs  | Low responsiveness.          | More active and responsive.                        |
| 48 | Abdulla        | Intellectual Disability | 11 yrs | Hyperactive and aggressive.  | Reduced hyperactivity after medication adjustment. |
| 49 | Daniyal        | Cerebral Palsy          | 10 yrs | Hyperactive; poor attention. | Improved sitting, listening, and response.         |
| 50 | Aradhya Yadav  | Intellectual Disability | 7 yrs  | Restless; unable to sit.     | Improved attention and sitting tolerance.          |

## Conclusion

The neurological health camp strengthened the early identification and monitoring of neurological conditions among children with disabilities. Such specialized interventions facilitate timely treatment, informed therapy planning, and improved developmental outcomes.

## World Cerebral Palsy Day

On October 6, 2025, SPARC India's Ek Prayas Centre observed *World Cerebral Palsy Day* through an awareness programme involving students and parents. The event focused on cerebral palsy awareness, parental support, government schemes, education, along with cultural and sports activities.



counselling, and inclusive

## Diwali Celebration

On October 17, 2025, Ek Prayas Centre *celebrated Diwali* with great joy and enthusiasm. Children participated in activities such as diya decoration, rangoli making, and sharing sweets, promoting creativity, cultural awareness, and togetherness.



## Children's Day Celebration

On November 14, 2025, Ek Prayas Centre *celebrated Children's Day*. The programme included cultural performances, games, nutritious meals, and prize distribution, highlighting children's rights and well-being.



## Divya Kala Mela

The *Divya Kala Mela*, organized by the **Department of Empowerment of Persons with Disabilities**, was held at University of Lucknow from November 15–23, 2025. SPARC India set up a stall showcasing the talents, skills, and products created by children with disabilities. The mela aimed to promote inclusion, empower persons with disabilities, and provide a national platform for livelihood opportunities.



## The Champions of Ek Prayas

The event, *The Champions of Ek Prayas*, was successfully held by IDFC FIRST Bank through virtual mode on November 7, 2025, at Ek Prayas Centre, Lucknow. The event recognized and celebrated the achievements of a child, a teacher, and a parent, highlighting their inspiring journeys.



Additionally, the centre was honoured with the Barrier-Free Infrastructure Award, acknowledging its efforts towards creating an inclusive environment and promoting community support for persons with disabilities.

## Capacity Building for Staff

SPARC India conducted eight capacity-building training programs for staff to enhance professional competencies and pedagogical practices. Key themes included subject-specific pedagogy, Universal Design for Learning (UDL), inclusive education, basic sign language, and Teaching-Learning Materials (TLMs). These trainings strengthened learner-centered approaches and inclusive classroom practices.



## Janmashtami

On August 16, 2025, *Janmashtami* was celebrated, marking the birth of Lord Krishna. Activities such as bhajans, dances, and storytelling promoted values of love, compassion, and righteousness.



## Ganesh Chaturthi

On August 27, 2025, *Ganesh Chaturthi* was celebrated with devotion. The programme included idol installation, puja, aarti, and bhajans. Offerings such as modaks and flowers were made, and the celebration concluded with Ganesh Visarjan, symbolizing the cycle of creation and renewal.



## Vasant Panchami

On January 23, 2026, *Vasant Panchami* was celebrated with devotion, welcoming spring. Prayers were offered to Goddess Saraswati for wisdom, knowledge, and creativity.



## Republic Day

On January 26, 2026, the 77<sup>th</sup> *Republic Day* was celebrated at SPARC India with great enthusiasm, patriotism, and unity through a special programme organized by the Ek Prayas Centre.



The venue was decorated with tricolour balloons and Indian flags, creating an atmosphere of pride and inspiration. The programme was graced by **Dr. Vikram Khanna** (Chief Guest), **Dr. Sonal Mehrotra** (Guest of Honour), **Mr. Uma Shankar Singh** (President, SPARC-India), and **Dr. Amitabh Mehrotra** (Founder Director, SPARC-India).

Children, dressed in tricolour attire, brought the celebration to life through patriotic speeches, dances, and poems, reflecting a strong sense of national pride and unity.

## Assistive Devices Support

Three children from SPARC India's Ek Prayas Centre received *Assistive Devices* through the Composite Regional Centre (CRC). Among them, Lucky was provided with a **TLM kit**, Veer received a **Caliper**, and Apoorvi was provided with a **CP chair**.

## Parent Support Group (PSG) Meetings

To strengthen home-school collaboration and ensure the holistic development of children, SPARC India organized a series of Parent Support Group (PSG) meetings throughout the year. These monthly meetings provided a platform for parents to engage, share concerns, and receive guidance on supporting their children's education and overall well-being.



## Community-Based Activities

### Sensitization and Awareness Sessions for Parents

Sensitization and Awareness Sessions for Parents were conducted to enhance understanding and sensitivity towards disability-related issues within the community. The sessions provide information on the rights of persons with disabilities, their status in society, and the services available to them. The initiative aims to promote social inclusion and foster positive attitudes towards disability across communities.



## Field Visits

During field visits, staff identified children who did not possess Aadhar cards or disability certificates and facilitated their online registration. The process for **UDID (Unique Disability ID)** registration is also being actively undertaken for identified individuals in the community.



## Home Visits

Home visits were conducted for children who had been identified but were not attending the centre. During these visits, parents were counselled to ensure regular attendance. Additionally, information regarding the child's home environment, behavior, and the family's socio-economic status was collected to support need-based interventions.



## Community Model

With a focus on a community-based approach, a total of **181 children** were identified in the BKT Block, of which **97 children** were found to have developmental delays.

Under this model, **7 locations** have been selected to deliver need-based, individualized interventions tailored to each child's specific requirements, ensuring accessibility and community-level support.

## Milestone Achievement

| Milestone                 | Particulars                                                        | Target (Annual) | Achievement | % Achievement |
|---------------------------|--------------------------------------------------------------------|-----------------|-------------|---------------|
| Setting up Infrastructure | Identification of the site and the layout plan                     | 0               | 0           | 0%            |
|                           | Survey for identification and enrolment of children with ID/Autism | 40              | 181         | 452%          |
|                           | Infrastructure development                                         | 1               | 1           | 100%          |
| Program Outreach          | Number of villages reached                                         | 30              | 137         | 456%          |
|                           | Number of households (HH) reached                                  | 75              | 1042        | 1389%         |
|                           | Community members reached (awareness & enrolment)                  | 400             | 1967        | 491%          |
| Children Outreach         | Total children                                                     | 40              | 48          | 120%          |
|                           | New children enrolled                                              | 15              | 21          | 140%          |
|                           | Active children                                                    | 27              | 40          | 148%          |
|                           | Dropouts                                                           | 0               | 0           | 0%            |
|                           | Student attendance (%)                                             | 80%             | 73%         | 90%           |

|                                   |                                                   |          |           |       |
|-----------------------------------|---------------------------------------------------|----------|-----------|-------|
| <b>Student Engagement</b>         | Monthly goal sheets (planned vs achieved)         | 420      | 427       | 101%  |
| <b>Training &amp; Awareness</b>   | Staff trainings                                   | 9        | 8         | 88%   |
|                                   | Stakeholder training & awareness sessions         | 4        | 64        | 1600% |
|                                   | Teacher training sessions (internal)              | 5        | 25        | 500%  |
| <b>Parent Engagement</b>          | Home visits                                       | 75       | 195       | 260%  |
|                                   | Parent meetings at Ek Prayas Centre               | 2        | 21        | 1050% |
|                                   | Parent trainings                                  | 3        | 16        | 533%  |
| <b>Referrals</b>                  | Parents                                           | 0        | 10        | 100%* |
|                                   | Hospitals                                         | 0        | 0         | 0%    |
|                                   | ASHA/ICDS/RBSK                                    | 0        | 8         | 80%*  |
|                                   | Schools                                           | 2        | 2         | 100%  |
| <b>Collaboration &amp; Linkes</b> | Schools                                           | 0        | 10        | 100%* |
|                                   | Colleges                                          | 3        | 11        | 366%  |
|                                   | Donors                                            | 54       | 92        | 170%  |
|                                   | Government departments                            | 11       | 14        | 127%  |
| <b>Fundraising</b>                | Funds raised by NGO partner (₹)                   | 5,00,000 | 17,55,000 | 351%  |
| <b>Social Entitlements</b>        | UDID & other benefits facilitated                 | 9        | 44        | 488%  |
| <b>Aids &amp; Appliances</b>      | Number of children provided with aids/ appliances | 10       | 9         | 90%   |

### Outcome Indicators

- Improvement in communication
- Better sitting tolerance
- Increased school/centre attendance
- Improved ADL skills
- Better social interaction
- Increased parent involvement
- Improved access to certification and entitlements

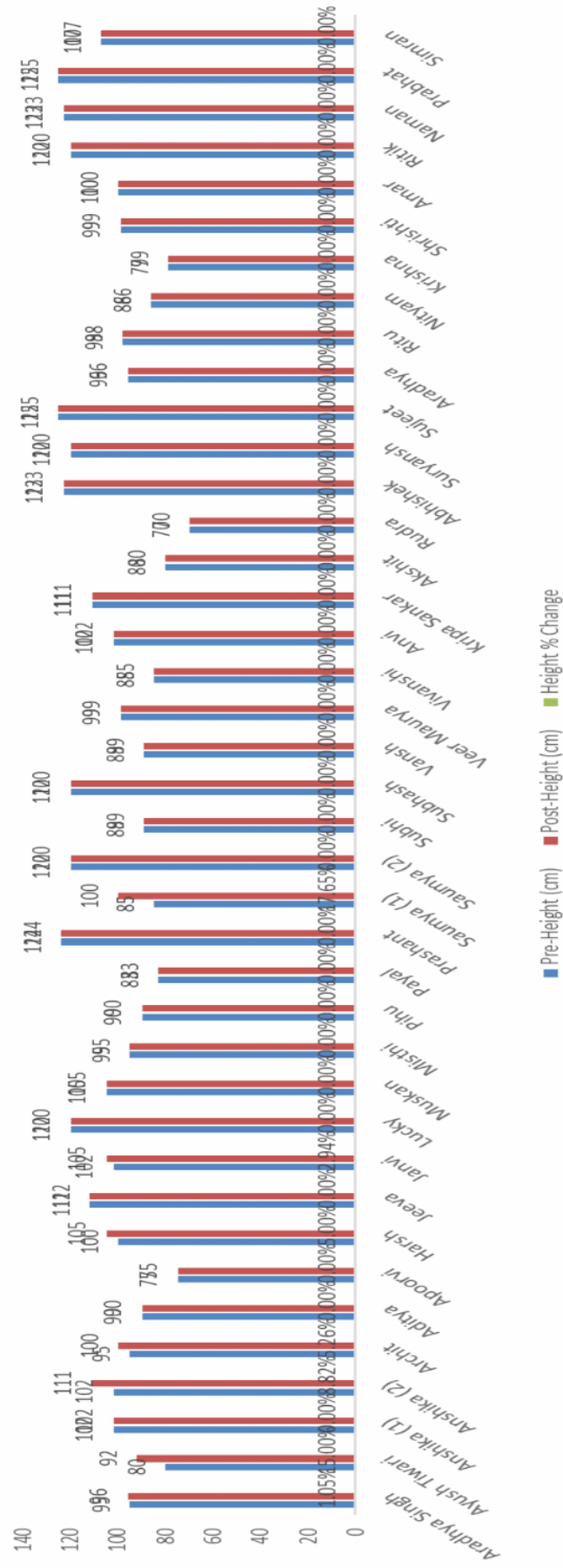
### Growth Monitoring (Height & Weight Assessment)

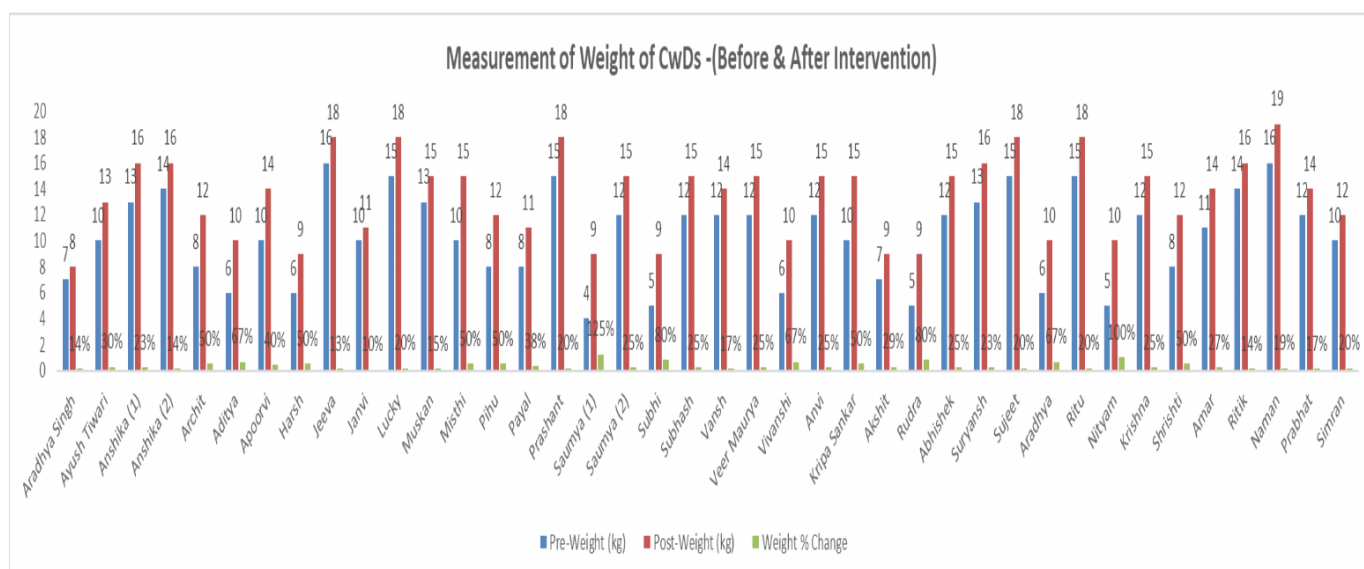
| Name                 | Age   | D.O.B      | Pre-Height (cm) | Post-Height (cm) | Height % Change | Pre-Weight (kg) | Post-Weight (kg) | Weight % Change |
|----------------------|-------|------------|-----------------|------------------|-----------------|-----------------|------------------|-----------------|
| <b>Aradhya Singh</b> | 6 yrs | 14-09-2020 | 95              | 96               | 1.05%           | 7               | 8                | 14.29%          |
| <b>Ayush Tiwari</b>  | 5 yrs | 12-07-2017 | 80              | 92               | 15.00%          | 10              | 13               | 30.00%          |
| <b>Anshika (1)</b>   | 9 yrs | 14-11-2016 | 102             | 102              | 0.00%           | 13              | 16               | 23.08%          |

|                     |        |            |     |     |        |    |    |         |
|---------------------|--------|------------|-----|-----|--------|----|----|---------|
| <b>Anshika (2)</b>  | 12 yrs | 21-02-2014 | 102 | 111 | 8.82%  | 14 | 16 | 14.29%  |
| <b>Archit</b>       | 5 yrs  | 09-01-2021 | 95  | 100 | 5.26%  | 8  | 12 | 50.00%  |
| <b>Aditya</b>       | 4 yrs  | 24-03-2021 | 90  | 90  | 0.00%  | 6  | 10 | 66.67%  |
| <b>Apoorvi</b>      | 12 yrs | 02-12-2013 | 75  | 75  | 0.00%  | 10 | 14 | 40.00%  |
| <b>Harsh</b>        | 3 yrs  | 17-03-2022 | 100 | 105 | 5.00%  | 6  | 9  | 50.00%  |
| <b>Jeeva</b>        | 9 yrs  | 22-09-2016 | 112 | 112 | 0.00%  | 16 | 18 | 12.50%  |
| <b>Janvi</b>        | 9 yrs  | 08-10-2016 | 102 | 105 | 2.94%  | 10 | 11 | 10.00%  |
| <b>Lucky</b>        | 12 yrs | 17-10-2013 | 120 | 120 | 0.00%  | 15 | 18 | 20.00%  |
| <b>Muskan</b>       | 8 yrs  | 05-09-2017 | 105 | 105 | 0.00%  | 13 | 15 | 15.38%  |
| <b>Misthi</b>       | 5 yrs  | 26-07-2020 | 95  | 95  | 0.00%  | 10 | 15 | 50.00%  |
| <b>Pihu</b>         | 5 yrs  | 01-02-2021 | 90  | 90  | 0.00%  | 8  | 12 | 50.00%  |
| <b>Payal</b>        | 5 yrs  | 25-10-2020 | 83  | 83  | 0.00%  | 8  | 11 | 37.50%  |
| <b>Prashant</b>     | 11 yrs | 03-03-2015 | 124 | 124 | 0.00%  | 15 | 18 | 20.00%  |
| <b>Saumya (1)</b>   | 4 yrs  | 13-08-2021 | 85  | 100 | 17.65% | 4  | 9  | 125.00% |
| <b>Saumya (2)</b>   | 10 yrs | 01-08-2015 | 120 | 120 | 0.00%  | 12 | 15 | 25.00%  |
| <b>Subhi</b>        | 11 yrs | 08-04-2014 | 89  | 89  | 0.00%  | 5  | 9  | 80.00%  |
| <b>Subhash</b>      | 17 yrs | 28-04-2008 | 120 | 120 | 0.00%  | 12 | 15 | 25.00%  |
| <b>Vansh</b>        | 7 yrs  | 07-08-2018 | 89  | 89  | 0.00%  | 12 | 14 | 16.67%  |
| <b>Veer Maurya</b>  | 11 yrs | 21-01-2015 | 99  | 99  | 0.00%  | 12 | 15 | 25.00%  |
| <b>Vivanshi</b>     | 3 yrs  | 30-04-2022 | 85  | 85  | 0.00%  | 6  | 10 | 66.67%  |
| <b>Anvi</b>         | 4 yrs  | 08-11-2021 | 102 | 102 | 0.00%  | 12 | 15 | 25.00%  |
| <b>Kripa Sankar</b> | 6 yrs  | 09-04-2014 | 111 | 111 | 0.00%  | 10 | 15 | 50.00%  |
| <b>Akshit</b>       | 5 yrs  | 22-10-2020 | 80  | 80  | 0.00%  | 7  | 9  | 28.57%  |

|                 |           |                |     |     |       |    |    |         |
|-----------------|-----------|----------------|-----|-----|-------|----|----|---------|
| <b>Rudra</b>    | 2<br>yrs  | 04-04-<br>2023 | 70  | 70  | 0.00% | 5  | 9  | 80.00%  |
| <b>Abhishek</b> | 9<br>yrs  | 26-06-<br>2016 | 123 | 123 | 0.00% | 12 | 15 | 25.00%  |
| <b>Suryansh</b> | 6<br>yrs  | 10-04-<br>2019 | 120 | 120 | 0.00% | 13 | 16 | 23.08%  |
| <b>Sujeet</b>   | 13<br>yrs | 07-02-<br>2013 | 125 | 125 | 0.00% | 15 | 18 | 20.00%  |
| <b>Aradhya</b>  | 4<br>yrs  | 01-02-<br>2022 | 96  | 96  | 0.00% | 6  | 10 | 66.67%  |
| <b>Ritu</b>     | 13<br>yrs | 14-01-<br>2013 | 98  | 98  | 0.00% | 15 | 18 | 20.00%  |
| <b>Nityam</b>   | 6<br>yrs  | 06-08-<br>2019 | 86  | 86  | 0.00% | 5  | 10 | 100.00% |
| <b>Krishna</b>  | 12<br>yrs | 07-03-<br>2014 | 79  | 79  | 0.00% | 12 | 15 | 25.00%  |
| <b>Shrishti</b> | 6<br>yrs  | 02-06-<br>2019 | 99  | 99  | 0.00% | 8  | 12 | 50.00%  |
| <b>Amar</b>     | 8<br>yrs  | 04-02-<br>2018 | 100 | 100 | 0.00% | 11 | 14 | 27.27%  |
| <b>Ritik</b>    | 7<br>yrs  | 21-07-<br>2018 | 120 | 120 | 0.00% | 14 | 16 | 14.29%  |
| <b>Naman</b>    | 13<br>yrs | 01-03-<br>2013 | 123 | 123 | 0.00% | 16 | 19 | 18.75%  |
| <b>Prabhat</b>  | 6<br>yrs  | 21-04-<br>2019 | 125 | 125 | 0.00% | 12 | 14 | 16.67%  |
| <b>Simran</b>   | 2<br>yrs  | 28-09-<br>2023 | 107 | 107 | 0.00% | 10 | 12 | 20.00%  |

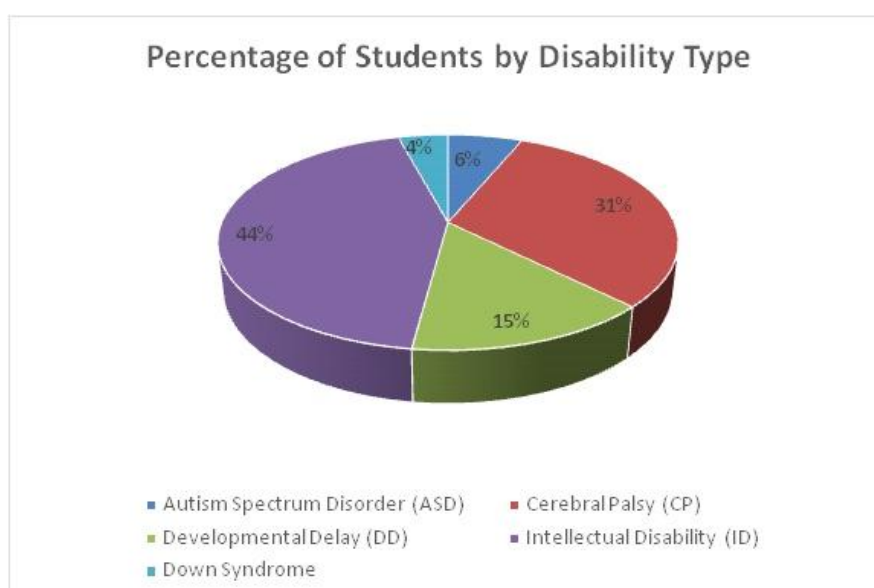
Measurement of Height of CwDs -(Before & After Intervention)





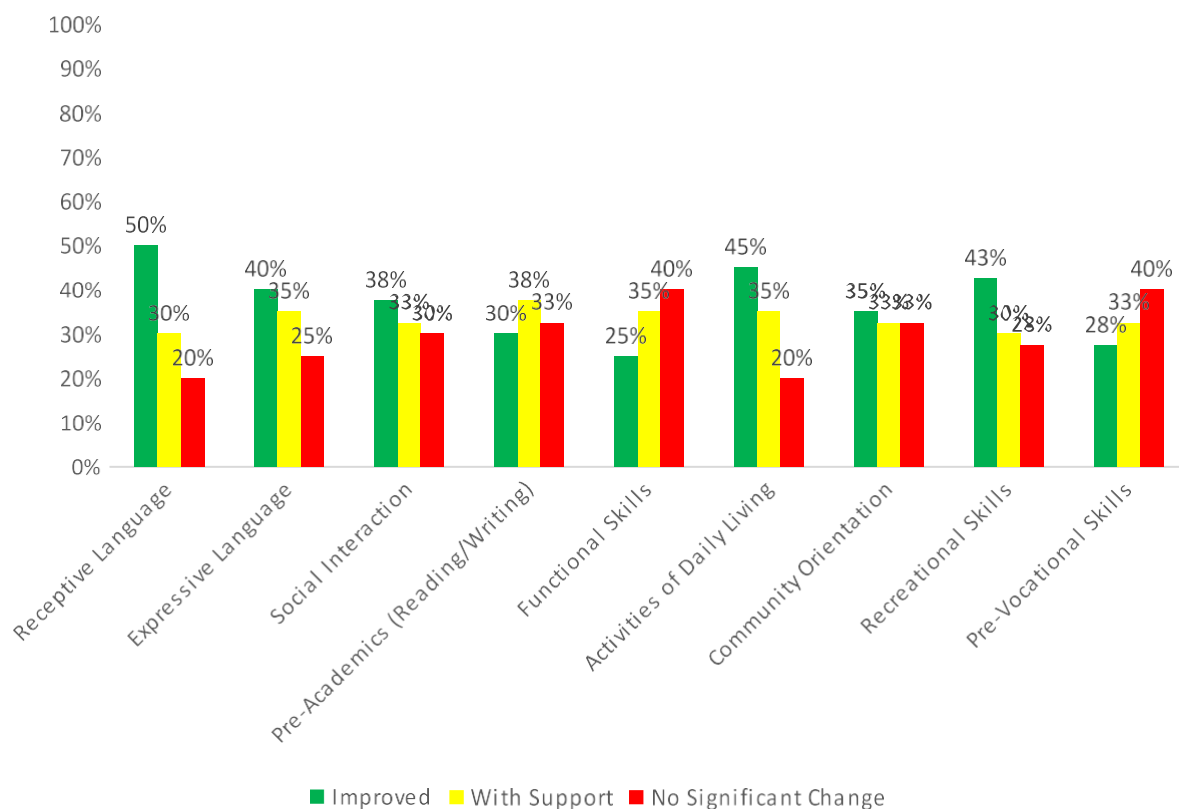
### Domain Impact

| Disabilities                   | Number of Children | Percentage  |
|--------------------------------|--------------------|-------------|
| Autism Spectrum Disorder (ASD) | 3                  | 6%          |
| Cerebral Palsy (CP)            | 15                 | 31%         |
| Developmental Delay (DD)       | 7                  | 15%         |
| Intellectual Disability (ID)   | 21                 | 44%         |
| Down Syndrome                  | 2                  | 4%          |
| <b>Total</b>                   | <b>48</b>          | <b>100%</b> |



## Domain Impact

| Domain                          | Improved | With Support | No Significant Change |
|---------------------------------|----------|--------------|-----------------------|
| Receptive Language              | 50%      | 30%          | 20%                   |
| Expressive Language             | 40%      | 35%          | 25%                   |
| Social Interaction              | 38%      | 33%          | 30%                   |
| Pre-Academics (Reading/Writing) | 30%      | 38%          | 33%                   |
| Functional Skills               | 25%      | 35%          | 40%                   |
| Activities of Daily Living      | 45%      | 35%          | 20%                   |
| Community Orientation           | 35%      | 33%          | 33%                   |
| Recreational Skills             | 43%      | 30%          | 28%                   |
| Pre-Vocational Skills           | 28%      | 33%          | 40%                   |



## Monitoring & evaluation findings

Structured and individualized intervention services led to positive improvements across multiple developmental domains among the children. A majority showed gradual progress in developmental milestones, particularly in communication, attention, motor, and speech-related skills.

The program reinforced the importance of early identification, especially in the 0–6 years age group, where children demonstrated faster and better progress. Children receiving combined therapy and nutritional support also showed comparatively better outcomes.

Parental involvement emerged as a key factor in improving attendance, home-based practice, and continuity of intervention. Regular health camps, growth monitoring, and follow-ups supported early identification of additional needs, improved nutritional tracking, timely referrals, and reduced dropouts.

Children with high support needs showed slower but meaningful progress, highlighting the value of long-term intervention. Children's progress is reviewed quarterly through MDPS, ensuring regular assessment and more effective individualized planning.

### Key challenges faced

- Irregular attendance
- Parent hesitation in certification
- Resource limitations
- Behavioral challenges
- Transportation barriers
- Delayed referrals

### Learnings and insights

The developmental milestones are diversified and need versatile attention, viz., varied therapeutic intervention

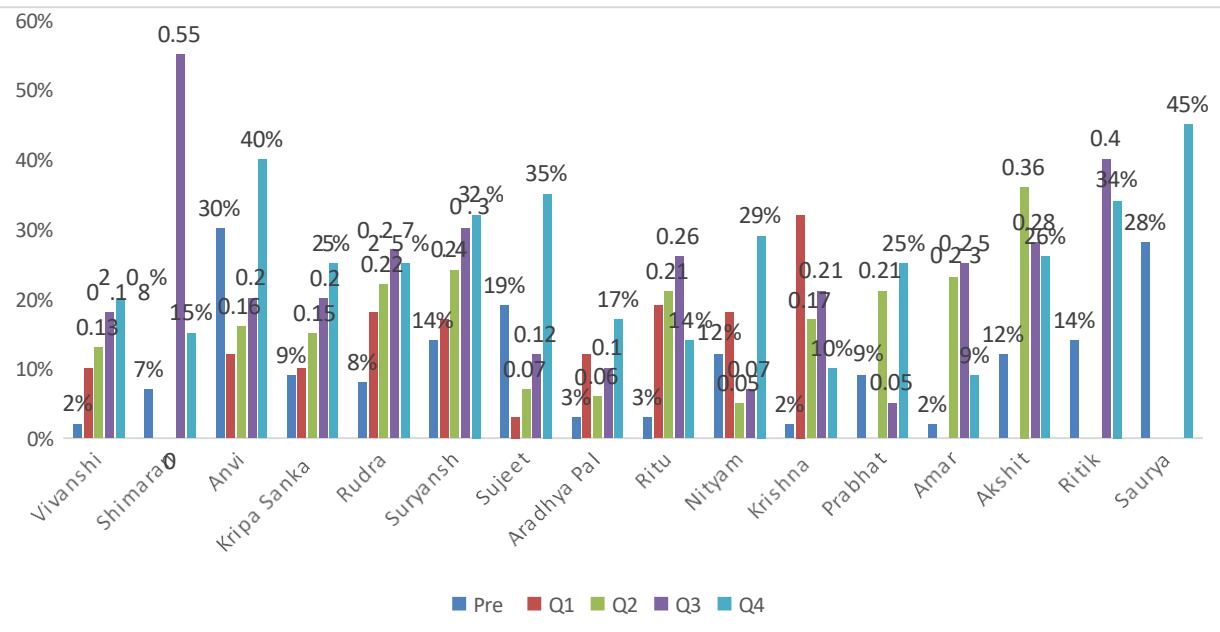
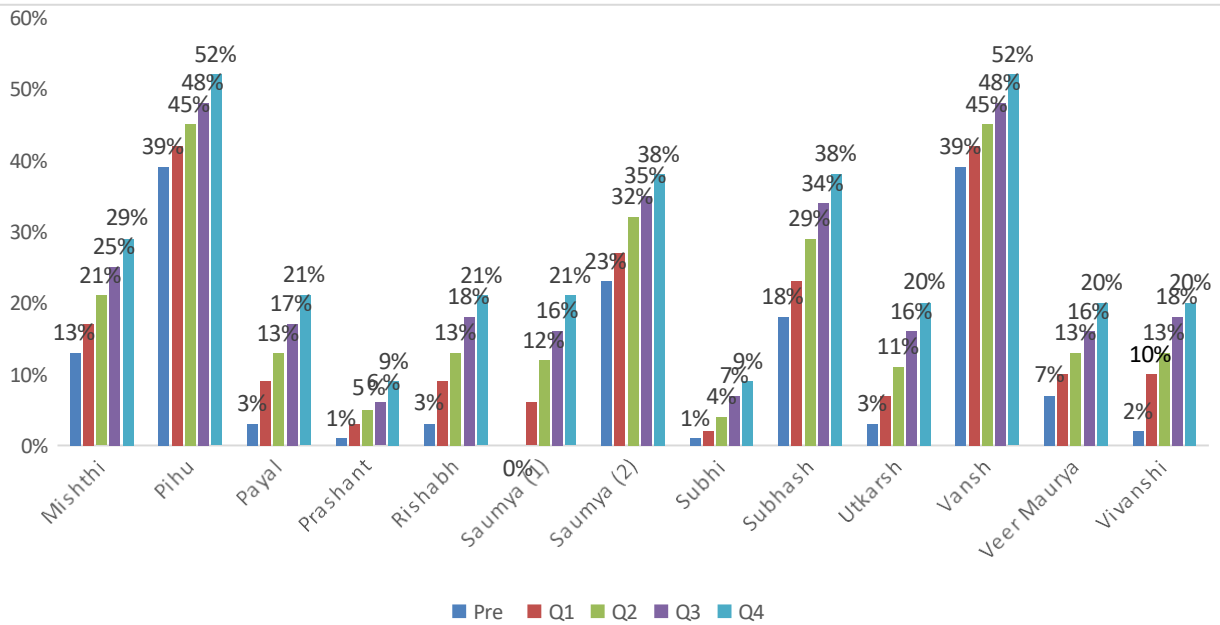
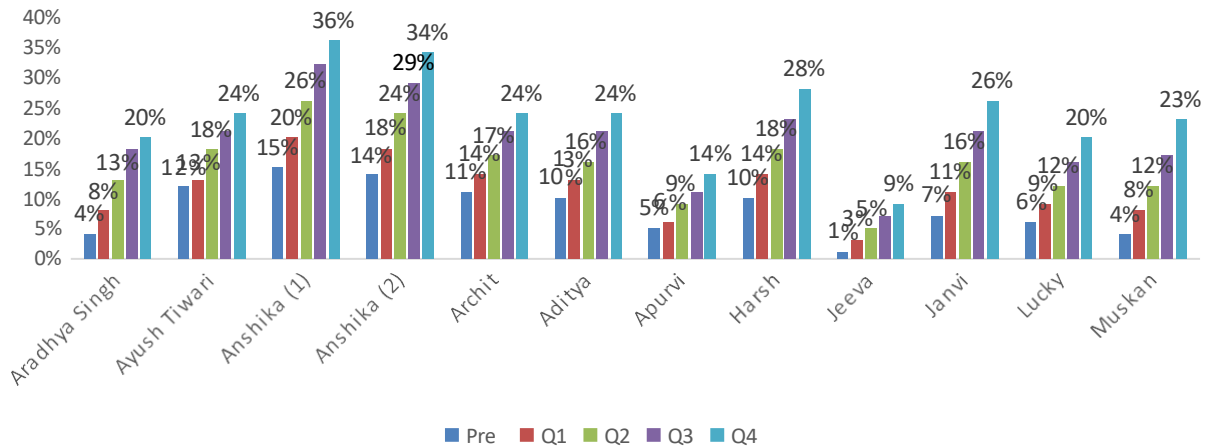
The flexible budgetary provisions provided a variety of interventions, viz., health camps, dental assessments, psychological assessments, etc. Various professional engagements and needs further support with more children.

Nutrition support has several impacts on height and weight (to a greater extent), as most of the children belong to the socially excluded class.

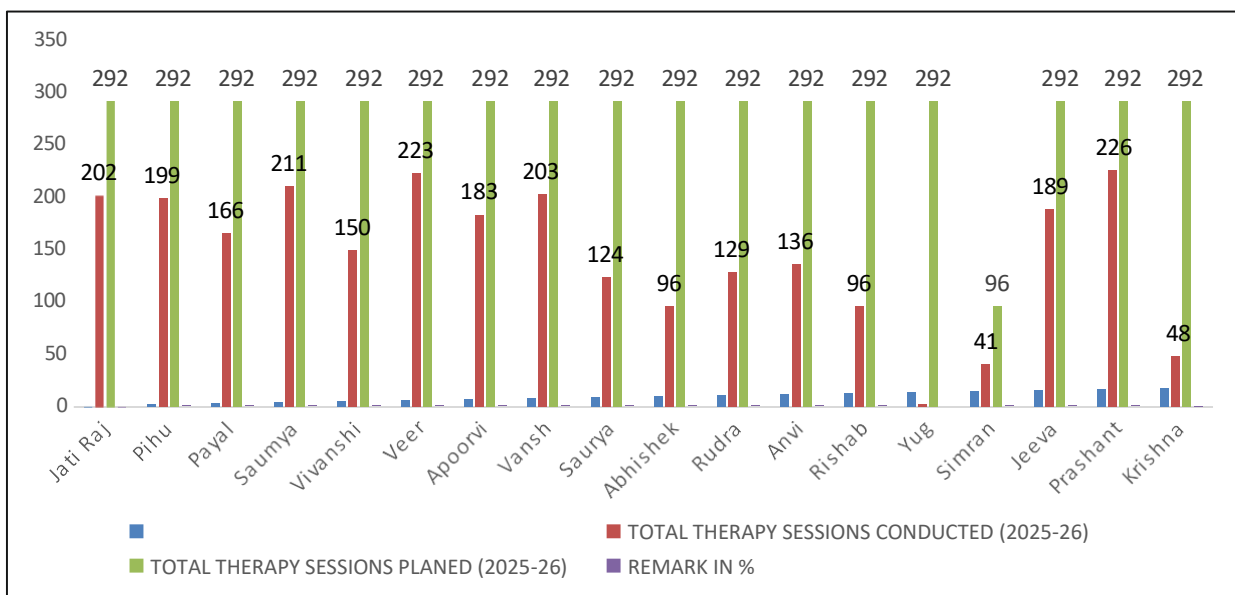
The Ek Prayas Model, as a Torchbearer for other donors, has a set of standardized services in Early Intervention. (Cf. Services of Day Care Facilities introduced in UP by DEPwDs, Govt. of UP)

Compared to models of Early Intervention in RBSK under NHM (DHFV) and CRCs under MSJE, the Govt. of India, this model caters to all complementary needs as per the Child Development needs.

## Children's Progress Report



| NAME     | TOTAL THERAPY SESSIONS<br>CONDUCTED (2025-26) | TOTAL THERAPY SESSIONS<br>PLANNED (2025-26) | REMARK IN % |
|----------|-----------------------------------------------|---------------------------------------------|-------------|
| Jati Raj | 202                                           | 292                                         | 69.17%      |
| Pihu     | 199                                           | 292                                         | 68.15%      |
| Payal    | 166                                           | 292                                         | 56.84%      |
| Saumya   | 211                                           | 292                                         | 72.26%      |
| Vivanshi | 150                                           | 292                                         | 51.31%      |
| Veer     | 223                                           | 292                                         | 76.36%      |
| Apoorvi  | 183                                           | 292                                         | 62.67%      |
| Vansh    | 203                                           | 292                                         | 69.52%      |
| Saurya   | 124                                           | 292                                         | 42.47%      |
| Abhishek | 96                                            | 292                                         | 32.88%      |
| Rudra    | 129                                           | 292                                         | 44.18%      |
| Anvi     | 136                                           | 292                                         | 46.58%      |
| Rishab   | 96                                            | 292                                         | 32.88%      |
| Yug      | 2                                             | 292                                         | 0.68%       |
| Simran   | 41                                            | 96                                          | 42.70%      |
| Jeeva    | 189                                           | 292                                         | 64.73%      |
| Prashant | 226                                           | 292                                         | 77.40%      |



## Success Story - Janvi

**Janvi**, born on October 8, 2016, is a resident of Rampur Behara, BKT, Lucknow, and was enrolled in the programme on September 11, 2024. She has been diagnosed with 50% Intellectual Disability (ID).

Janvi belongs to a nuclear family. Her father is engaged in a fruit business, and her mother is a homemaker. She has three siblings.

At the time of enrolment, Janvi faced significant challenges in speech and communication. She was unable to express her needs verbally, had very limited interaction with others, and experienced difficulty in following basic instructions and maintaining appropriate behaviour in daily life. Due to these developmental delays, she required structured support to improve her communication, social interaction, and adaptive behaviour skills. Her social responsiveness and participation in activities were minimal.

Following enrolment, Janvi received structured and individualized intervention, focusing on speech and language development, communication skills, social interaction, and behaviour management. These interventions were delivered through activity-based strategies, repetition, and continuous guidance.

As a result, Janvi has shown noticeable improvement. She has started speaking a few words, responds better to people, smiles during interactions, and actively participates in activities. Her social engagement and behavioural responses have gradually improved compared to her initial condition.

Overall, the intervention has had a positive impact on her communication and social behaviour, making her more expressive and responsive in her environment. Her parents have also observed significant improvements at home and expressed satisfaction with the progress. They are hopeful that continued support will further enhance her development.



## Media coverage

### स्पाक-इंडिया द्वारा विश्व दिव्यांग दिवस का सफल आयोजन

राकेश कुमार गुप्ता

लखनऊ। स्पाक-इंडिया के ज्योति किरण स्कूल एवं एक प्रयास केंद्र में 5 दिसंबर 2025 को विश्व दिव्यांग सप्ताह उत्साहपूर्वक मनाया गया। कार्यक्रम के मुख्य अतिथि प्रोफेसर (डॉ.) हिमंशु शेखर झा, दिव्यांगजन आनुक, उत्तर प्रदेश सरकार रहे। कार्यक्रम की विशिष्ट अतिथि सी.वी. सिंह, उपाध्यक्ष, स्पाक-इंडिया; पुष्प कौटन अजय सिंह, भारतीय वायु सेना; तथा श्रीमती कल्पना सिंह, अध्यक्ष, एएफडब्ल्यूए, मेनोरा एयर फोर्स स्टेशन, लखनऊ उपस्थित रहे। कार्यक्रम का शुभारंभ सांस्कृतिक प्रस्तुतियोंक़ानूय, कविता और गानोंके साथ किया गया। विशिष्ट अतिथियों एवं संगठन के निदेशक ने अपने संबोधनों में दिव्यांगजनों की क्षमताओं, सम्बन्धित और समाज में सकारात्मक दृष्टिकोण के प्रसार पर बल दिया। तत्पश्चात् मुख्य अतिथि प्रो. (डॉ.) हिमंशु शेखर झा ने ज्योति किरण स्कूल में आयोजित सम्मेलन में सहभागिता की। बच्चों ने गर्मजोशी से उनका स्वागत किया। उन्होंने विद्यालय के स्टाफ से भेंट



कर उनके कार्य की सराहना की। अपने संबोधन में उन्होंने दिव्यांग बच्चों के देखभालकर्ताओं के धैर्य, समर्पण और प्रयासों की प्रशंसा करते हुए कहा कि सरकार दिव्यांग बच्चों के साथ-साथ उनके देखभालकर्ताओं के लिए भी अनेक सकारात्मक कदम उठा रही है।

मुख्य अतिथि ने स्पाक-इंडिया द्वारा दिव्यांगजन सशक्तिकरण के क्षेत्र में किए जा रहे कार्यों की सराहना की और भविष्य में सहयोग एवं सहभागिता का आभ्यासन दिया। विश्व दिव्यांग दिवस के अवसर पर कार्यक्रम में उपस्थित पदाधिकारी एवं बच्चे।

### Visibility and Outreach Initiatives

- Awareness sessions
- Community mobilization
- Government engagement
- Public events
- Disability awareness observances

### Recommendations & Plan for Next Year FY 2026-27

- Transformation of Ek Prayas Centre
- Enhanced Government Support
- Alternative & Supportive Therapies
- Livelihood & Skill Development Linkages
- Neuro Therapy, including traditional methods like Marm-Kala from the Siddha system under the Ministry of AYUSH (Ayurveda, Unani, Siddha, and Homeopathy).
- Monthly goal sheet preparation
- parents training
- Home-Based Intervention Strategy
- Parents counselling
- Social entitlements /Aids & appliances
- Parents Meeting (income-assessment, support, linkages, and active engagement)
- Ongoing regular physiotherapy, occupational therapy, and speech therapy based on individual needs
- New Children Enrolment
- Assessment/ IIPs/ IEP

- Health camp
- Stakeholders Awareness sessions (ICDS, Health SSA, etc.)
- Regular Training follow-ups
- Capacity Building of staff
- Field visits
- Home-Based Intervention Strategy
- Summer Camp
- Community Model Intervention
- Home visits
- Case conference
- Clinic day
- In-house co-curricular, Saturday Activities
- Activities of Daily Living
- Meditation
- Identification and Enrolment of the children

## STANDARDIZED DOMAINS OF EARLY INTERVENTIONS

| Domain                                                  | Typical Focus (%) | Rationale                                                             |
|---------------------------------------------------------|-------------------|-----------------------------------------------------------------------|
| <b>Therapeutic (Speech, Physio, Occupational, etc.)</b> | <b>40-50</b>      | <b>Core for skills like speech/motor, the highest study frequency</b> |
| <b>Educational/Cognitive</b>                            | <b>20-30</b>      | <b>Stimulates learning; foundational but integrated</b>               |
| <b>Social/Emotional</b>                                 | <b>15-20</b>      | <b>Builds relationships; key to independence</b>                      |
| <b>Medical/Nutritional</b>                              | <b>10-15</b>      | <b>Addresses health/feeding; adjunctive</b>                           |
| <b>Adaptive/Other</b>                                   | <b>10-15</b>      | <b>Daily skills; family training</b>                                  |

## QUANTITATIVE PARAMETERS AT A GLANCE

| Achievement Area                                                                                                                             | Number |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Total PwDs benefited through social security schemes and basic entitlements (Aadhar Card, UDID, Birth Certificate, Sponsorship Scheme, etc.) | 53     |
| Total training programs for teachers/trainers (Capacity Building, Leadership, TLM)                                                           | 8      |
| Neurological health camps                                                                                                                    | 3      |
| Dental health camps                                                                                                                          | 1      |
| Stakeholder awareness sessions                                                                                                               | 64     |
| UDID camps                                                                                                                                   | 1      |
| Total CwDs benefited through assistive devices (wheelchairs, CP chairs, TLM kits, etc.)                                                      | 3      |

## Finance Summery

### Reconciliation of Donation and Unspent Amount

| Sr No | Particulars                                                                 | Amount         |
|-------|-----------------------------------------------------------------------------|----------------|
| 1     | Opening balance (unutilised amount from the previous FY lying with the NGO) | 3,168          |
| 2     | Donated amount                                                              | 44,11,470      |
| 3     | Total donations available with the NGO (1+2)                                | 44,14,638      |
| 4     | Interest/surplus earned                                                     | 32,536         |
| 5     | Total funds available with the NGO (3+4)                                    | 44,47,174      |
| 6     | Amount spent from the unutilised opening balance (1)                        | -              |
| 7     | Amount spent from the donated amount (2)                                    | 44,03,859      |
| 8     | Amount spent from interest/surplus generated (4)                            | -              |
| 9     | Total expenditure by the NGO                                                | 44,03,859      |
| 10    | Unspent amount from CSR donations (excluding unspent interest)              | 10,779         |
| 11    | Unspent interest/surplus to be carried forward                              | 32,536         |
| 12    | Total unspent amount                                                        | 43,315         |
|       |                                                                             |                |
|       | Bank Balance as on 31st March 26                                            | 45,137         |
|       | <b>Difference</b>                                                           | <b>(1,822)</b> |
|       | <b>Reason for Difference : S Creditors of Rs 1822/=</b>                     |                |

## Team Members at Ek Prayas Centre



**Dr. Amitabh Mehrotra**  
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SPARC India



**Mr. Someshwar Dutta Bajpai**  
(Program Manager)  
SPARC India



**Mrs. Roopanjali Singh**  
(Centre Head) Ek Prayas



**Ms. Kriti Singh**  
(Physiotherapist)



**Mrs. Shalini Gupta**  
(Speech Therapist)



**Mrs. Soni Chaudhary**  
(Special Educator)



**Mr. Anuj Kumar Yadav**  
(Special Educator)



**Mr. Deepak Tiwari**  
(Field Officer)



**Mr. Ankit Kumar Yadav**  
(Assistant Accountant)

**Mr. Pawan Kumar**  
(Support Staff)



**Mrs. Kalawati**  
(Nutritionist)



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