



SRI B D TATTI (ANNAWARU) MEMORIAL CHARITABLE TRUST

EK Prayas Annual Report 2025-26



INTRODUCTION

Founded in 1994, Sri B D Tatti (Annawaru) Memorial Charitable Trust is located in Laxmeshwar, Gadag District, Karnataka. It was established by a group of socially-conscious individuals who sought to bring about a positive change in society. With a team of 105 dedicated members, the Trust has been a beacon of hope for children and adults with speech, hearing impairments, and other disabilities.

Over the years, the Trust has rapidly expanded its services and now reaches persons with disabilities, including children, youth, and adults, in 11 districts of North Karnataka. The Trust operates three rehabilitation centers in Gadag District focused on early intervention early education and Primary Intervention, along with programs such as the Ek Prayas Centre (Early Intervention and Primary Intervention) and the Ek Prayas Livelihood Centre for ID Autism Mothers.

Today, the Trust is the only NGO in North Karnataka offering a range of specialized services, including:

- Smart classrooms for all speech and hearing-impaired students.
- Audiology room for hearing assessments and testing.
- STEM lab to foster learning through technology.
- Mother Care Centre, which provides speech therapy for deaf children.
- GarvSe Livelihood Support Centre, offering livelihood opportunities for persons with disabilities (PwDs).



VISION

Enabling, Engaging and Enriching the community as a society of equals by creating opportunities for inclusion of persons with disability.



MISSION

- To promote comprehensive inclusion of persons with disabilities, addressing their needs at family, institutional, and societal levels.
- To protect and promote the rights of persons with disabilities and their families, ensuring they are treated with dignity and respect.
- To create opportunities for people with disabilities to lead sustainable, fulfilling lives, contributing meaningfully to society.

OUR VALUES

- Integrity
- Accountability
- Collaboration
- Quality Intervention
- Empathy
- Transparency

COMPLIANCE

- NGO Registration
- A.3443(DWR)

ACCREDITATION/ AFFILIATIONS

- Trust registered under Bombay Public Trust act 1950
- 12A of income Tax Act, 1961
- 80G of income Tax Act, 1961
- NGO Darpan Registration with Niti Ayog
- Foreign Contribution Regulation Act, 2010
- Affiliated to National Trust
- CSR-01 Registration under Ministry of Corporate Affairs.
- Registered with PwDs department for the implementation of disability programs.
- Guidestar transparency certified NGO
- Affiliated to DNA (Disability NGOs Alliances)

REGULATIONS

- Child Protection policy
- POSH Policy
- HR Policy
- Finance Policy

EXECUTIVE SUMMARY

The BDT Early Intervention Program, supported by Azim Premji Foundation, aims to provide comprehensive early intervention and early education services for children with developmental delays and disabilities. The program adopts a dual service delivery model, reaching 55 children through:

- 25 children in centre-based programs
- 30 children in community-based rehabilitation (CBR)

The initiative focuses on improving children's developmental outcomes, functional independence, and school readiness, while empowering families and strengthening community-based support systems.



OVERVIEW OF THE PROGRAM

The program is designed to deliver holistic, child-centred interventions combining therapy, education, and family support.

Key Components :

- Early identification and developmental screening
- Individualized Education Plans (IEPs)
- Individualized Rehabilitation Plan (IRP)
- Physiotherapy, special education, and functional training
- Parent training and counselling
- Home-based intervention for community children
- School readiness and inclusion support
- Awareness and stakeholder Training

The program ensures that children receive consistent, need-based interventions either at the centre or within their home/community environment.

PROGRAM OBJECTIVES

Overall Objective :

To enhance the developmental potential and quality of life of children with disabilities through structured early intervention services.

Specific Objectives :

- To provide quality early intervention services to 55 children
- To improve motor, cognitive, communication, and social skills
- To prepare children for school readiness and inclusion
- To strengthen parental capacity for home-based care
- To promote community awareness and early identification

GEOGRAPHIC COVERAGE

The program will be implemented in:

- BDT Centres and surrounding communities
- Focus area : Laxmeshwar, Karnataka (or specify exact locations if needed)
- Outreach to nearby villages for community-based services

This ensures coverage of both centre-accessible and remote populations.

TARGET BENEFICIARIES

Primary Beneficiaries :

- 55 children (0-12 years) with developmental delays and disabilities
- 25 children – Centre-Based Intervention
- 30 children – Community/Home-Based Intervention

Secondary Beneficiaries :

- Parents and caregivers (especially mothers)
- Families from economically weaker sections
- Community workers and local stakeholders

IMPLEMENTATION APPROACH

The program follows a blended Centre-Based + Community-Based Rehabilitation (CBR) model:

Centre-Based Intervention (25 Children)

- Regular therapy sessions (physiotherapy, special education)
- Structured classroom and developmental activities
- Access to specialized equipment and trained professionals
- Periodic assessment and progress reviews

Community-Based Intervention (30 Children)

- Home visits by therapists and case workers
- Training parents for home-based exercises and stimulation
- Low-cost, locally adaptable intervention strategies
- Community awareness and early identification camps

Key Features :

- Individualized care plans for each child.
- Multidisciplinary team approach.
- Strong parent engagement
Continuous monitoring and documentation.

COMPLIANCE MEASURES

BDT adheres to all statutory and regulatory requirements applicable to non-profit organizations in India, ensuring full legal and financial compliance.

Key Compliance Practices :

- Registered under Bombay Public Trust Act, 1950
- Holds valid 12A and 80G certifications under the Income Tax Act, 1961
- CSR-01 registered under the Ministry of Corporate Affairs
- Compliant with FCRA regulations (2010) for foreign contributions
- Registered with NGO Darpan (NITI Aayog)
- Affiliated with National Trust and Disability NGOs Alliance (DNA)

Financial Compliance :

- Annual statutory audits conducted by certified Chartered Accountants
- Proper bookkeeping and documentation of all transactions
- Budget tracking and utilization reporting to donors
- Adherence to donor-specific compliance and reporting guidelines

Organizational Policies Supporting Governance

BDT has established internal policies to strengthen governance and accountability:

- Child Protection Policy
- POSH Policy (Prevention of Sexual Harassment)
- Human Resource Policy
- Finance and Procurement Policy

OVERVIEW OF PROGRAM ACTIVITIES

The EK Prayas Program at Laxmeshwar Centre focuses on early intervention, early education, and rehabilitation services for children with developmental delays and disabilities. The program adopts a holistic, multi-disciplinary approach, integrating therapy, education, family engagement and community outreach.

During the reporting period, the program implemented a wide range of structured activities aimed at improving the functional independence, communication, social skills, and overall quality of life of children.

BENEFICIARY REACH AND COVERAGE

The program successfully reached a total of 55 children, including:

- 25 center-based children
- 30 community-based children

Services were extended across 17 villages, ensuring accessibility to children in rural and underserved areas.

In addition:

- 60+ parents directly participated in training and camps
- 531 stakeholders were reached through awareness and training programs

DEMOGRAPHIC PROFILE OF BENEFICIARIES

Age Group

The program primarily catered to children aged 1 to 12 years, categorized as:

- Early Intervention (1–3 years)
- Pre-school (4–6 years)
- School-age (7–12 years)

Type of Disabilities Supported

Children with the following conditions were supported:

- Intellectual Disability
- Autism Spectrum Disorder (ASD)
- Cerebral Palsy (CP)
- Intellectual Disability
- Autism Spectrum Disorder (ASD)
- Cerebral Palsy (CP)

Socio-Economic Background

- Majority of beneficiaries belong to low-income and rural families
- Families depend on daily wages, agriculture, and small businesses
- Limited access to healthcare and rehabilitation services prior to intervention

CORE PROGRAM ACTIVITIES

Therapeutic and Educational Services

The program delivered integrated services including:

- Physiotherapy
- Speech Therapy
- Special Education
- Occupational Therapy support

Individualized Education Plans (IEPs) and IRP were developed for each child to ensure personalized and goal-oriented intervention.

Parent Engagement and Capacity Building

- 12 Parent Meetings and Training Sessions
- 2 Residential Parent Training Programs
- 120 Home Visits conducted

These initiatives strengthened caregivers' ability to support children at home and ensured continuity of care.

Community Outreach and Awareness

Awareness programs conducted with:

- ASHA Workers (57)
- Anganwadi Teachers (64+)
- VRW/MRW (29)
- Students and community members

Focus areas:

- Early identification of disabilities
- Rehabilitation services
- Government schemes (Niramaya, UDID)

Stakeholder Training

A total of 10 stakeholder training sessions were conducted, reaching 531 participants, including:

- Teachers
- Health workers
- Parents
- Community members
- Private associations

Staff Capacity Building

- 14 Internal Trainings
- 19 External Trainings

Exposure visits to

- CRC Davanagere
- Satya Special School, Pondicherry

Training topics included:

- Speech therapy
- Sign language
- Child safety (Good Touch Bad Touch)
- Disability assessment

Camps and Health Interventions

- Appliance Measurement Camp (17 children benefited)
- Breast Awareness Camp (39 parents participated)
- Medical Camp & UDID support

A total of 17 children benefited from assistive devices, including:

- Rollators
- CP Chairs
- Standing Frames

Events and Celebrations

The program organized inclusive events to promote social participation:

- Annual Day Celebration (500 participants)
- World Disability Day
- Children's Day
- Dasara Celebration
- Residential Training for Parents

These events encouraged confidence, inclusion, and community bonding.

COMMUNITY-BASED REHABILITATION (CBR) INITIATIVES

Community caseworkers played a key role in:

- Providing home-based intervention
- Conducting village-to-village visits
- Facilitating referrals through ASHA and Anganwadi networks

Innovations included:

- Regular child progress reassessment
- Nutrition support
- Parent support groups
- Integration of physiotherapy and occupational therapy

KEY ACHIEVEMENTS

- Expanded outreach to remote rural areas (17 villages)
- Strengthened family and community involvement
- Improved early identification and referral systems
- Enhanced staff capacity and service quality
- Increased access to assistive devices and health services

IMPACT HIGHLIGHTS

The program has contributed to:

- Improved functional independence of children
- Better communication and social interaction skills
- Increased school readiness and participation
- Enhanced parent confidence and caregiving skills
- Greater community awareness and acceptance of disability

OUTPUT / IMPACT

Outputs and Expected Impact

Key Outputs

The program will deliver the following measurable outputs:

- 55 children (25 centre-based + 30 community-based) receive early intervention services
- Individualized Education Plans (IEPs) developed and implemented for all children
- Regular therapy sessions (physiotherapy, special education, functional training) conducted
- Home-based intervention plans provided for community-based children
- Parents/caregivers trained on home-based care and developmental support
- Awareness sessions and outreach activities conducted in communities
- Periodic assessment and progress tracking reports maintained

Expected Impact

The program aims to achieve the following long-term impact:

- Improved developmental outcomes (motor, cognitive, communication skills)
- Increased independence and functional abilities of children
- Enhanced school readiness and inclusion in mainstream education
- Strengthened family capacity to support children at home
- Improved community awareness and early identification of disabilities

OUTPUT INDICATORS (SHORT-TERM / ACTIVITY LEVEL)

Indicator	Target	Frequency of Measurement	Means of Verification (MOV)
Number of children enrolled	55 children	Annual	Enrollment records
Number of IEPs developed	55 IEPs/IRP	Annual	IEP documents
Therapy sessions conducted	As per schedule (weekly/monthly)	Monthly	Session registers/MIS Sheets and EI APP
Number of home visits (CBR)	Minimum 4 per month per child	Monthly	Field visit reports
Parent training sessions conducted	At least 1 per month	Monthly	Attendance records
Community awareness programs conducted	12 per year	Quarterly	Activity reports
Staff review and case meetings	Monthly	Monthly	Meeting minutes

OUTCOME INDICATORS (MEDIUM-TERM RESULTS)

Indicator	Expected Change	Measurement Tool	Timeline
Improvement in motor skills	60-70% children show progress	Therapy assessment tools	6-12 months
Improvement in communication skills	Increased verbal/non-verbal ability	Speech & developmental assessments	6-12 months
Improvement in cognitive & social skills	Better interaction and learning ability	Developmental checklists	6-12 months
School readiness	% of children ready for school/inclusion	School readiness assessment	Annual
Parent capacity improvement	Increased ability to support child at home	Parent feedback & observation	6 months
Reduction in severity of developmental delay	Measurable functional improvement	Baseline vs endline assessment	Annual

Impact Indicators (Long-Term)

- Increased enrollment of children with disabilities in schools
- Improved quality of life for children and families
- Reduced caregiver burden and stress
- Strengthened inclusive community systems

FINDINGS

Monitoring & Evaluation Findings

Regular monitoring and evaluation of the program indicate positive progress in child development and family engagement.

Key Findings

- A majority of children demonstrated measurable improvement in motor, cognitive, and communication skills over the intervention period.
- Centre-based children showed faster progress due to access to structured therapy and learning environments.
- Community-based children showed gradual but consistent improvement, especially where parent involvement was strong.
- Individualized Education Plans (IEPs) proved effective in tracking progress and customizing interventions.
- Increased parent participation and attendance in training sessions enhanced continuity of care at home.
- Regular assessments and reviews helped in early identification of developmental gaps and timely intervention adjustments.

KEY CHALLENGES FACED

Accessibility and Reach

- Difficulty in ensuring regular attendance of community-based children due to distance and transportation constraints.
- Limited access to specialized services in remote areas.

Parental Awareness and Engagement

- Initial lack of awareness about early intervention among parents
- Inconsistent follow-up of home-based intervention practices

Resource Constraints

- Limited availability of trained therapists and special educators
- Need for additional assistive devices and learning materials

Socio-Economic Barriers

- Families from economically weaker sections face challenges in prioritizing therapy and education
- Caregiver burden, especially among mothers

Inclusion Challenges

- Limited readiness of mainstream schools to include children with disabilities
- Social stigma and lack of community sensitivity

LEARNINGS AND INSIGHTS

Importance of Early Intervention

- Early identification and intervention significantly improve long-term developmental outcomes.

Family-Centred Approach is Critical

- Programs are more effective when parents are actively involved and trained
- Mothers play a key role in ensuring continuity of intervention at home

Blended Model Works Best

- A combination of centre-based and community-based approaches ensures wider reach and better impact

Continuous Capacity Building

- Regular training of staff enhances quality of service delivery and outcomes

Community Engagement is Essential

- Awareness programs reduce stigma and improve acceptance and participation

Need for Strengthening Inclusive Systems

- Stronger collaboration with schools and local institutions is required to promote inclusive education

PROGRAM VISIBILITY

Media Coverage

The program has actively engaged in visibility efforts to highlight its impact and build awareness about early intervention and disability inclusion.

Key Highlights

- Coverage of major events such as annual gatherings, camps, and awareness programs in local media.
- Recognition of children, parents, and staff through public events and community platforms.
- Participation of local leaders, medical professionals, and community representatives, increasing credibility and outreach.
- Documentation of program activities through photos, reports, and case stories.

VISIBILITY AND OUTREACH INITIATIVES

Community-Level Outreach

- Conducted awareness camps and screening programs in villages and communities.
- Organized parent meetings and counselling sessions.
- Engagement with Anganwadi workers, ASHA workers, and local schools for early identification.

Institutional Engagement

- Collaboration with government departments and local bodies.
- Participation in district-level programs and disability-related events.
- Networking with other NGOs and stakeholders.

Program Visibility Efforts

- Display of program information at centres (posters, banners, communication materials).
- Sharing success stories and impact narratives with donors and partners.
- Observance of key days such as World Disability Day and other relevant events.

RECOMMENDATIONS & PLAN FOR NEXT YEAR

Key Recommendations

Strengthen Community-Based Services

- Increase frequency of home visits and follow-ups
- Expand outreach to more remote and underserved areas

Enhance Parent Engagement

- Introduce structured parent training modules
- Develop peer support groups for mothers and caregivers

Improve Resource Availability

- Recruit additional trained therapists and special educators
- Upgrade therapy equipment and learning materials

Focus on Inclusive Education

- Strengthen collaboration with mainstream schools
- Conduct teacher training programs on inclusion practices

Strengthen Monitoring Systems

- Introduce more data-driven tracking tools and digital records
- Improve documentation for impact measurement and reporting

ROADMAP FOR THE UPCOMING YEAR

Program Expansion

- Increase the number of beneficiaries beyond 55 children and expand to RON centre with more beneficiaries.
- Strengthen both centre-based and community-based models.

Quality Enhancement

- Improve individualized intervention plans (IEPs)
- Introduce advanced therapy techniques and tools

Capacity Building

- Conduct regular staff training and skill development programs
- Strengthen case management and multidisciplinary coordination

Community Engagement

- Scale up awareness campaigns and early identification drives
- Build stronger linkages with health and education systems

Sustainability and Partnerships

- Explore partnerships with government and CSR organizations
- Strengthen livelihood programs for families of children with disabilities

SUCCESS STORY : SRUJAN HARAVI

A Journey of Hope - Ek Prayas Centre

Beginning in April 2025, with the support of the Azim Premji Foundation (APF), the Ek Prayas Centre has been working to improve the lives of children with developmental needs and their families through structured training, therapy, and capacity-building initiatives.

Srujan Haravi, a 10-year-old boy from a small village, is one such child whose journey reflects the transformative impact of the program. Born with medical complications and delayed birth cry, he required prolonged NICU care. As he grew, significant developmental delays became evident—he could sit only at three years and walk independently at six. He depended entirely on others for daily activities and had very limited communication abilities. At the age of seven, he was diagnosed with Intellectual Disability at Gadag District Hospital, marking the beginning of his intervention journey.

Srujan was identified during a community survey and enrolled at the Ek Prayas Centre, where a comprehensive Individualized Education Plan (IEP) was developed. Interventions focused on building personal, social, academic, functional, and recreational skills. He received physiotherapy, speech therapy, and structured special education to support his overall development.

A key strength in Srujan's journey has been the unwavering support of his family. His parents and relatives actively participated in therapy sessions and training programs, ensuring consistent practice at home. Their positive attitude, along with strong community support, created a nurturing environment that reinforced his learning and progress.

Over time, Srujan has shown significant improvement. He is now more independent in personal care, follows daily routines with minimal assistance, and actively participates in classroom activities. His communication has improved, enabling him to express his needs more clearly, and he interacts better with others in social settings. He also shows increased interest in learning, games, and physical activities.

An inspiring dimension of this story is his mother's transformation. Through continuous training and engagement at the centre, she gained the skills and confidence to support not only her child but others as well. Recognizing her dedication, she was inducted as a teacher during the academic year 2023–24. Her journey from a concerned parent to an empowered educator highlights the broader impact of the program in building community capacity.

Srujan's story demonstrates how early identification, individualized intervention, and strong family involvement can bring meaningful change. With continued support from the Ek Prayas Centre and the Azim Premji Foundation, he is steadily moving toward a more independent and inclusive future—full of hope and opportunity.

Conclusion

The Early Intervention Program continues to demonstrate that timely identification, structured therapeutic support, and active family involvement are critical in improving developmental outcomes for children with delays and disabilities. Through a holistic approach combining therapy, education, and caregiver training, children have shown measurable progress in motor, communication, cognitive, and social domains.

A key strength of the program has been its focus on empowering parents as primary facilitators of their child's development. This has not only ensured continuity of care at home but has also contributed to stronger family engagement and community awareness.

The program further highlights the importance of multidisciplinary interventions and inclusive practices in building a strong foundation for lifelong learning and independence. Moving forward, the Early Intervention initiative remains committed to expanding its reach, strengthening service quality, and enabling every child to achieve their full potential with dignity and inclusion.

ACTIVITY



EVENT



EXPOSURE VISIT



HOME LEVEL SERVICES



ACCUPRESSURE TRAINING



MEDICAL CAMP

PARENTS EXPOSURE VISIT AGADI TOTA



INTERNAL STAFF MEETING



AWARENESS



RESIDENTIAL TRAINING



EI APP TRAINING



PHYSIOTHERAPY



PROGRAMME MANAGER MEETING



HOME VISITS



PARENTS MEETING



ANNUAL GATHARING



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