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Prabhat Education Foundation

# Covid-19 Impact Survey Results and Report

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Congratulations to Prabhat Education Foundation and staff for completing this project. It was hard work and done with admirable diligence and precision. It was a pleasure to collaborate with you and experience your teamwork and passion. You deserve the title “Corona Warriors” as you overcame the unique challenges of the pandemic in your efforts to serve Prabhat’s families and communities. Well done!

Sincerely,

Robert Davis

## Summary of Report

- Prabhat Education Foundation staff collected responses from 504 current and past clients using a Google Form of 23 questions which was collaboratively created by Prabhat staff.
- Descriptive analysis is the method of data analysis and presentation.
- The 23 questions and corresponding responses are presented in detail with graphs and charts. Some questions and brief answers include:
  - Who was the survey participant? 58% were mothers.
  - How many people in the homes? 78% had four to six residents.
  - What are survey participants' native places? 90% were from Gujarat.
  - How many from the home were working? 82% had one person working.
  - What jobs? 43% were day laborers. Many others are listed.
  - What help was received during lockdown? Participants checked all that applied.
  - How many children with special needs in the home? 94% had one.
  - How has Covid-19 impacted family interactions? 70% stayed the same.
  - How has children's behavior been impacted? 79% stayed the same.
  - How have Covid-19 guidelines impacted family behavior? Multiple ways were identified.
  - How stressful are changes? 76% said only "somewhat stressful."
  - How has mental health been impacted? Anxiety was most common.
  - How has children's mental health been impacted? Boredom was most common.
  - About what are people most worried? Covid-19, health, and finances were common.
  - How hopeful about the future are people? 68% said "somewhat hopeful."
  - How prepared are people for the future? 64% said "very prepared."
  - Will families relocate? 99% said "no."
  - What support will be most helpful? Most said food, medical advice, and Prabhat.
  - How were interactions with child with special needs impacted? 90% stayed the same.
  - How was special needs children's behavior impacted? 89% stayed the same.
  - How was physiotherapy being conducted? Multiple answers were given.
  - How was the mental health of special needs child? Boredom was most common.
- Observations based on researcher's speculations and detailed discussions with Prabhat staff are presented.
- Minor concerns and limitations of research method and data collection are highlighted.

## Introduction and Background

During the worldwide upheaval caused by Covid-19, Prabhat Education Foundation found itself facing the difficult questions common to many social service organisations. Two of the most important were, how was the crisis impacting the people it serves, and what could be done to help? The families and communities Prabhat Education Foundation serves already face significant challenges. The United Nations Department of Economic and Social Affairs highlighted these challenges in a report warning that people with disabilities make up a segment of the population that is at increased risk during the pandemic. The report says,

Even at the best of times, persons with disabilities face challenges in accessing health-care services, due to lack of availability, accessibility, affordability, as well as stigma and discrimination. The risks of infection from COVID-19 for persons with disabilities are compounded by other issues, which warrant specific action: disruption of services and support, pre-existing health conditions in some cases which leave them more at risk of developing serious illness or dying, being excluded from health information and mainstream health provision, living in a world where accessibility is often limited and where barriers to goods and services are a challenge, and being disproportionately more likely to live in institutional settings.<sup>1</sup>

This statement provides context for the following report. Prabhat Education Foundation (Prabhat from here on) is highly aware of such *pre-Covid-19* challenges. Prabhat's journey began in 2003 through the identification and nurturing of children with learning difficulties struggling in mainstream schools in Ahmedabad. Now, having reached over 3000 persons with special needs, Prabhat has expanded to working with and through local communities to provide accessible rehabilitation and education services for children and adults with special physical and mental challenges. Services include local center-based education, a Community Based Rehabilitation program, school-based programs, and community advocacy. Throughout years of service, Prabhat has been observing and documenting the many challenges families face. These pre-pandemic challenges are thoroughly documented on Prabhat's website.<sup>2</sup>

Poverty is another major variable for Prabhat's communities that can be added to the previous United Nations statement. One example of how it impacts families was presented by Prabhat's program coordinator. He described a typical situation in which a family has one primary wage earner who works for

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<sup>1</sup> United Nations. Everyone Included: Social Impact of COVID-19  
<https://www.un.org/development/desa/dspd/everyone-included-covid-19.html>

<sup>2</sup> <https://prabhateducationfoundation.org/category/resources/>

daily wages. If the family member misses work due to illness, social problems, or problems with children, he or she does not earn income that day. One day of missed work can severely impact the family budget. When a child with special needs is involved the chances of missing work increase due to the child's medical, social, and educational challenges. Again, more stories and statistics about Prabhat's pre-Covid-19 challenges and responses are on the website.

Stepping into this context in September of 2019, I had hoped to use my skills as a Master of Social Work (MSW) to serve families and Prabhat through its daily programs while also contributing new ideas and interventions. Facing the Covid-19 crisis was not what I expected during my two-year commitment to Prabhat. Lockdown came in March of 2020 and Prabhat quickly shifted its focus from normal routine tasks to emergency interventions. My twelve years of experience in the mental health field as a Psychosocial Rehabilitation Specialist and Psychotherapist have helped prepare me for coping with crises, but the challenge of social distancing was unique and required creativity to navigate. When Prabhat decided to survey and assess the mental health of families and children with special needs I found it a fitting service I could offer. My previous experience (Pioneer Health Resources in Idaho, USA) specialized in mental health crisis intervention. One of my roles was writing detailed assessments that accurately described clients' social contexts and stressors so that effective interventions could be developed. I was also trained to conduct social research at Northwest Nazarene University in Idaho, USA. My value for understanding clients' and communities' needs and my hopes that the results would guide service planning were the foundation of this report.

Assessment of community and client needs is an essential responsibility of service organisations. It has been said, "We must, like a painter, take time to stand back from our work, to be still, and thus see what's what. . .standing back to survey the activities that fill our days." Just as painters pause to assess progress of masterpieces, social service organizations must survey communities in which they are trying to create impact. Assessment catalyzes adaptive, efficient, and effective intervention that Prabhat values. Prabhat has wisely used the time afforded by Covid-19 to position itself to create impact by developing its understanding of the welfare and needs of the families and communities it serves.

## **Research Method**

Between June and August of 2020 Prabhat staff planned questions, created a survey, and completed a total of 504 interviews. Much of this was completed by phone and online in compliance with social distancing requirements. Planning consisted of presentation of the idea, creation of questions, revision of questions, translation from English to Gujarati, approval from the Prabhat team and learning the survey method. Implementation consisted of Prabhat staff calling participants and recording responses. The

responses were collected using the Google Form survey method and analyzed during the third week of August 2020.

Prabhat staff decided which Covid-19 related variables should be assessed based on extensive awareness of the families and community. Financial needs, relational problems, health concerns, Covid-19 awareness, family connectedness, and parental stress are examples of variables. A three-month period of April through June of 2020, during Ahmedabad's lockdown, was the focus of many questions. The staff also asked the important question, "What support will be most helpful over the next one to three months?" Such data is invaluable to service organisations as Covid-19 poses unique challenges for intervention with families and communities.

This report is a descriptive analysis and presentation. It is based on the researcher's review of survey responses. Regarding the method of analysis and presentation of the data, *descriptive analysis* describes, shows, or summarizes data in a meaningful way that can be used to identify general patterns and themes. It is important to highlight that descriptive analysis differs from inferential or explanatory research, in that it does not assess correlations or cause and effect of variables. Still, after a review of the data some speculations about possible correlations between variables are presented. Minor concerns about data collection are highlighted and recommendations for future research and intervention are discussed in the *observations* section. Some of what appears in the *observations* section was taken from three post-survey discussions with Prabhat staff, administration, and trustees.

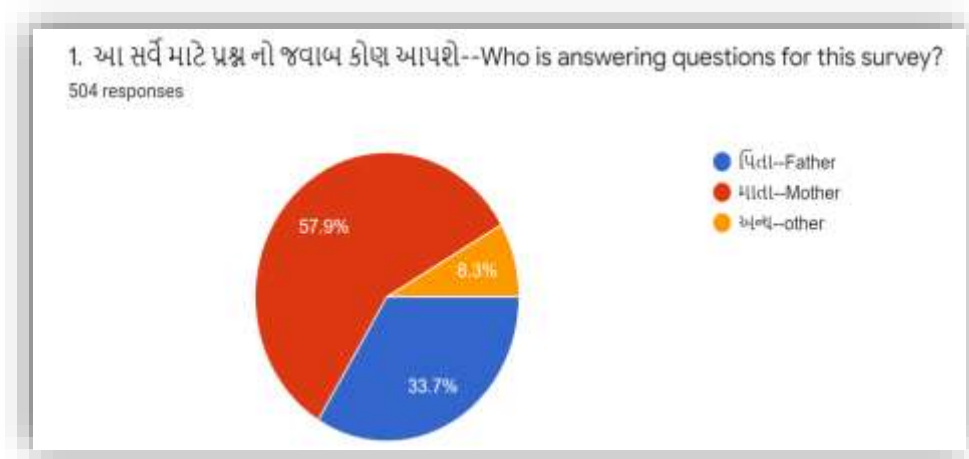
## **Descriptive Analysis of Responses**

The Covid-19 Impact Survey is divided into three sections--*home situation*, *Covid-19 impact*, and *Covid-19 impact on children with special needs*. The questions and responses from each section are reviewed here. Screen shots of the Google Form are displayed to show percentages and comparisons. Question numbers are included for ease of navigation. Presentation of the data is straight forward and factual. Reflections and speculations appear in the *observations* section of the report. The readers are encouraged to make notes of patterns and themes so they can contribute their own observations in future discussions.

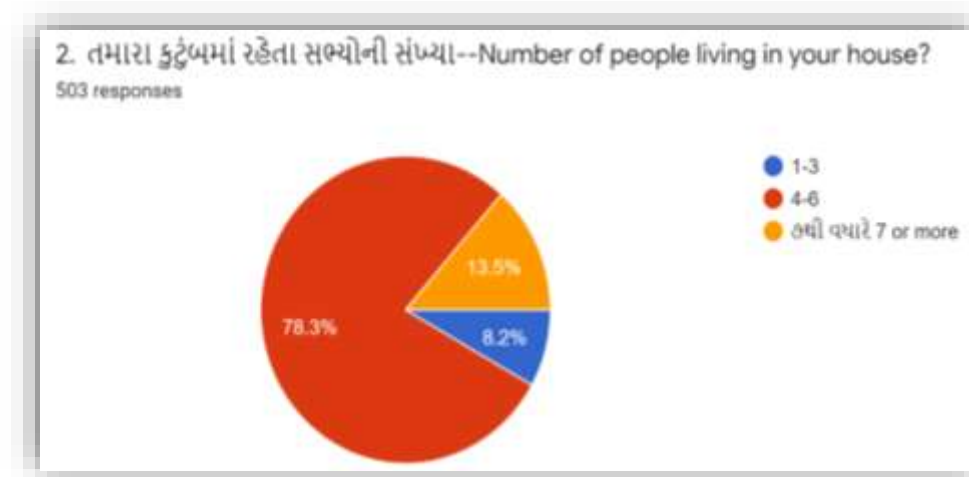
### **Survey Section One--Home Situation**

The *home situation* questions identified survey participants and assessed basic information like family size, sources of income, types of work, Covid-19 related help received, and number of children with special needs in the homes.

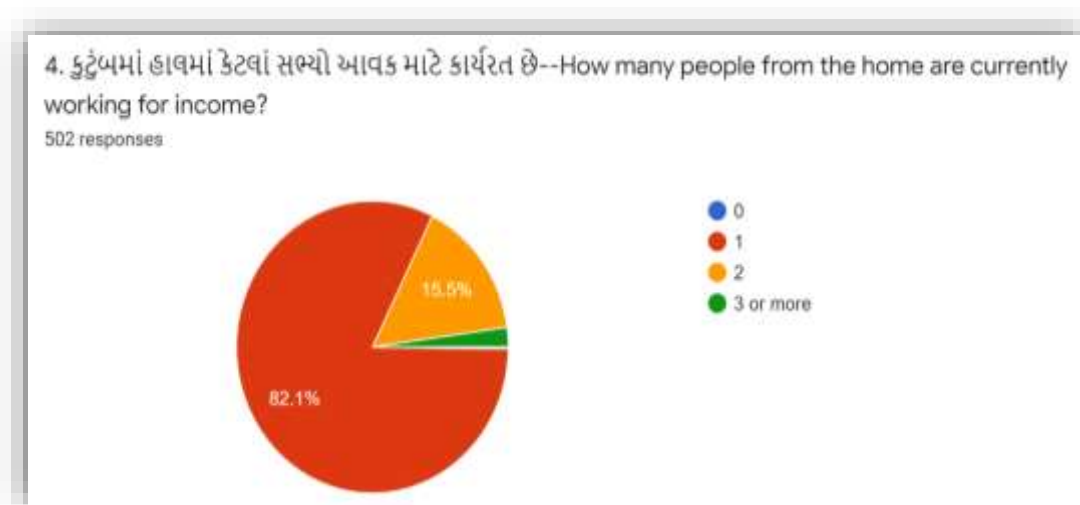
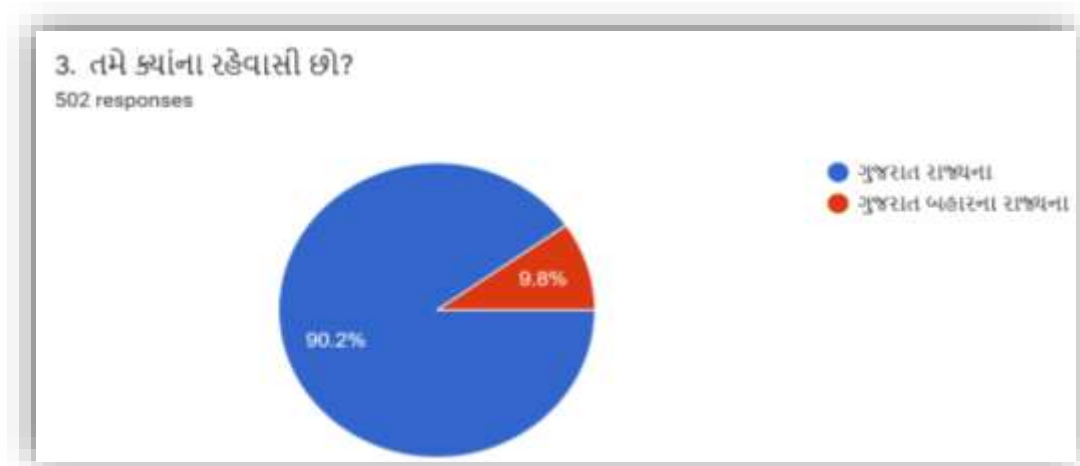
**1. Survey Participants**—Two hundred and ninety-two (57.9%) of the respondents were mothers, 170 (33.7%) were fathers and 42 (8.3%) were others like grandparents, siblings, or other relatives. One important note is that some of the survey participants were interviewed more than once because they have multiple children with special needs. This is a complication that reduces some data analysis to approximations and should be remembered throughout the report. It is not mentioned again in this section but will be discussed in detail in the *limitations* section of the report.



**2. Family Size**--Family size was assessed, and responses show that approximately 394 survey participants (78.3%) have four to six people living in the home, 68 (13.5%) have seven or more living in the home, and 41 (8.2%) have one to three people in the home.



**3. Native Place**--A large majority of the survey participants, a total of 453(90.2%), were from Gujarat. The number of those who reported being from outside of Gujarat was 49 (9.8%). Two participants did not answer. Each respondent also reported a home district. The complete list of districts is accessible on the original Google Form as they are too numerous to list here. However, it was found that 427 participants identified Ahmedabad as their home district.



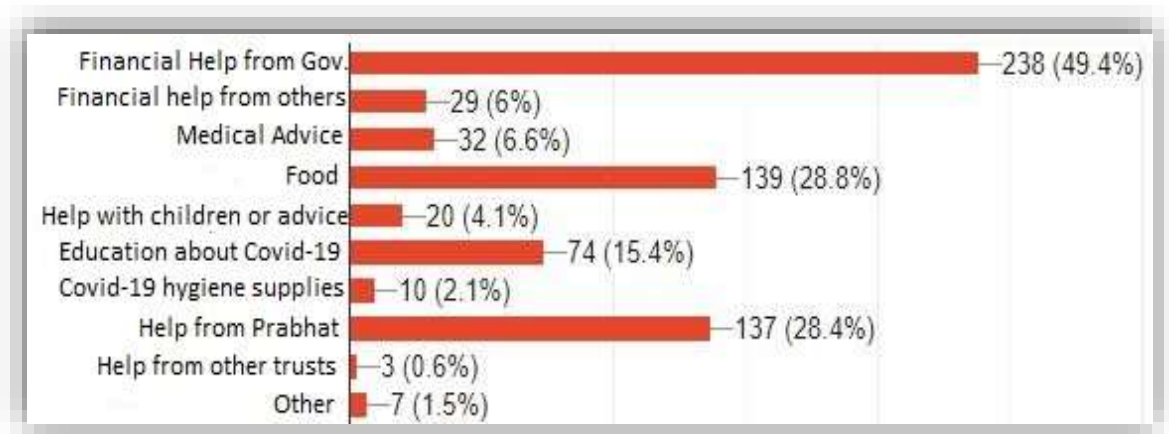
4. **Income Source**--Income is uncertain during the Covid-19 pandemic and should be a concern of service organisations. Survey participants were asked about how many people from the home were working. It appears here that 412 participants (82.1%) had one person from the home who was working, 78 (15.5%) had two people working, and 11 (2.2%) had three or more people working. Zero participants reported that no one was working. This question was problematic and is discussed in detail in the *observations* and *limitations* sections because it appears to conflict with responses from a later question (11a).
5. **Employment Types**--The fifth question identified types of work people were doing. The most common employment was day labor. Two hundred twenty (44%) people reported day labor as work. Auto rikshaw drivers were second most common at 41 people (9%). Tailoring was the third most common job with 27 people (5.4%). Tailoring was closely followed by service and repair jobs with 26 people (5.2%). Small shops and private jobs each accounted for 14 people's (2.8%) employment. Eleven people (2.2%) reported domestic work. Ten people (2%) reported business.



Other identified jobs are listed here with the number of participants who reported that type of work in parentheses: garage (6), factory work (6), driver (5), carpenter (5), office work (5), government job (5), kite work (4), barber shop (3), cloth company (3), teacher (3), metal and fabrication (2), plumbing (2), vegetable laari (2), bakery (2), and Ahmedabad Municipal Corporation (2).

There were many other jobs listed that did not fit into the survey’s categories. Some examples of other work are “medical shop, peon in school, cook, tea store, bank, other country work, kadiya work, broker, and transport driving.” A full list is accessible on the original Google Form document. The visual graph for this information is unable to be displayed here because it is too large.

**6. Help Received**--Covid-19 lockdowns were burdensome to families and economies throughout the world. Lost employment, school closures, food shortages, medical concerns, and many other changes posed significant challenges for governments and local service providers. This question identified sources from which families received help.



Of the 482 participants who responded to this question, 238 (49%) received financial help from the government. One hundred thirty-nine (28.8%) received food or food kits from unspecified organizations. One hundred and thirty-seven (28.4%) received help from Prabhat Education Foundation. Twenty-nine (6%) received help from family or others. Only three (0.6%) reported receiving help from another service organization. The only other organization identified was Samaj Sevi Sanstha. Unspecified local leaders were also identified as sources of help. The complete graph is accessible on the original Google Form. One important point of discussion here is that Prabhat’s extensive role in supporting families is not demonstrated here because often it was unseen by participants. This is discussed in the *observations* section.

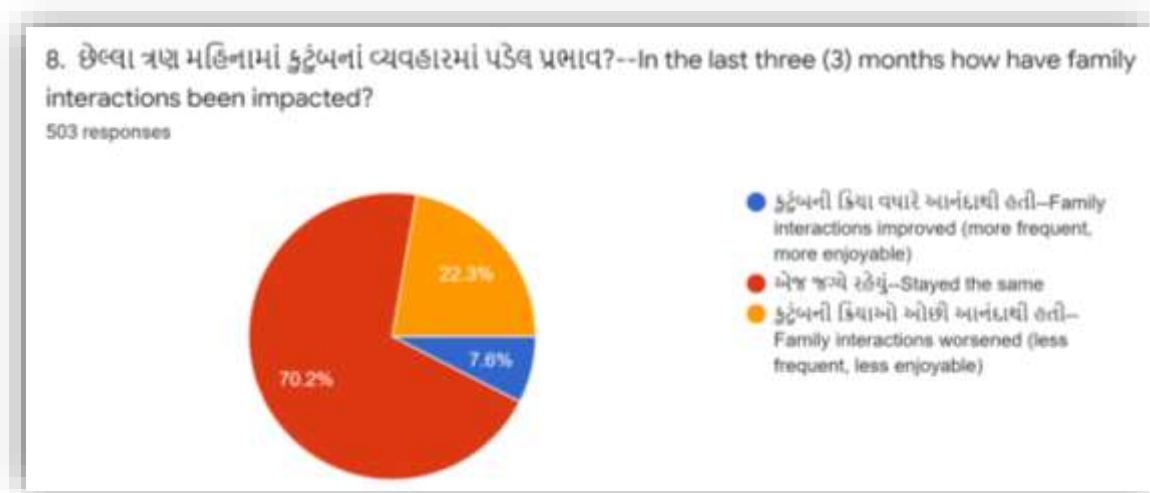
**7. Children with Special Needs**--Survey participants were asked to identify children with special needs in the home. All participants had at least one child with special needs. The number of those with one child was 469 (94%). Approximately 25 families (5%) had two children with special needs in the home. Approximately four families had three or more children with special needs in the home. Eleven respondents did not answer this question. Each child with special needs was identified by name. This is beneficial because individual survey results can be viewed separately for optimal assessment and intervention for each child. Again, this data receives special attention in the *limitations* section of the report due to the fact that some participants provided duplicate responses to some questions on account of being contacted and questioned more than once depending on how many children with special needs live in the homes.

### **Survey Section Two--Covid-19 Impact**

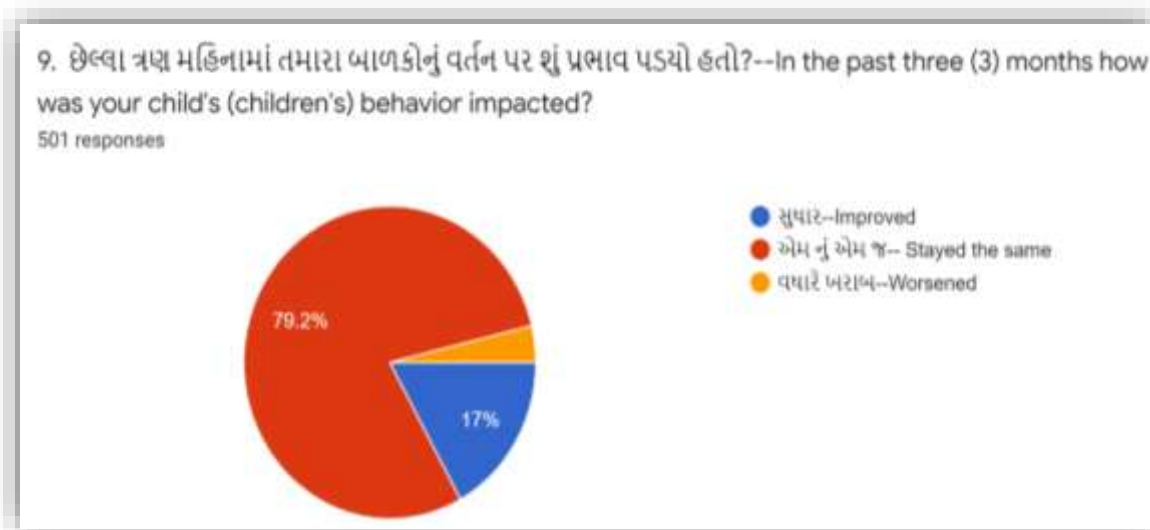
The following set of questions were used to assess participants' mental, emotional, and behavioural health during the Covid-19 lockdown. Family interactions and children's behaviour was assessed, and many individual mental health variables were examined and rated. As above, each question is numbered for ease of navigation and potential discussion points and limitations are highlighted for later consideration.

**8. Family Interaction**--Participants were first asked to assess how family interactions had been impacted over the three months of lockdown. Three hundred and fifty-three responses (70%) indicated that family interactions had neither improved nor worsened. Thirty-eight responses (22.3%) indicated that family interactions had improved by becoming more enjoyable and frequent. Unfortunately, a sizable number of participants, 112 (22%), reported "worsened" family

interactions<sup>3</sup> (see footnote). This important variable is discussed in the *observations* section of the report.



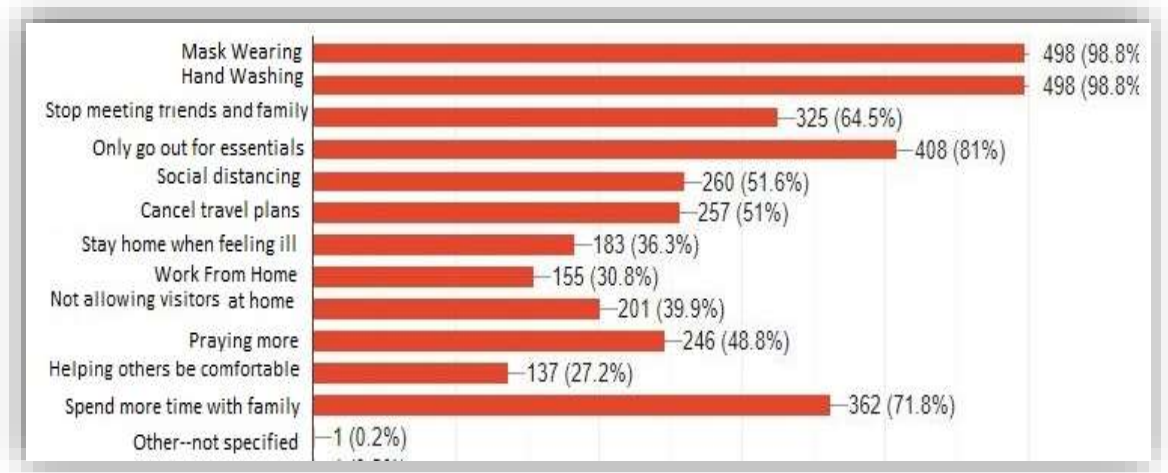
9. **Children’s Behaviour**--Similar to family interactions in the previous responses, children’s behaviour stayed the same in most cases (397 or 79.2%). However, an interesting observation in comparison to family interactions is that children’s behaviour improved in 85 cases (17%). Children’s behaviour worsened in only 19 cases<sup>4</sup> (3.8%). This seems like good news for parents and raises questions about the reasons for improvement. The correlation between worsening family interactions (the previous response) and improving children’s behaviour is discussed in the *observations* section.



<sup>3</sup> Survey numbers 1, 5, 8, 9, 11, 17, 18, 19, 24, 28, 35, 43, 45, 46, 48, 50, 51, 52, 58, 59, 62, 63, 69, 75, 79, 86, 87, 89, 90, 95, 97, 103, 111, 114, 115, 120, 129, 130, 140, 147, 149, 153, 157, 160, 169, 174, 176, 177, 180, 183, 185, 189, 190, 191, 193, 196, 198, 202, 205, 206, 209, 213, 216, 220, 227, 230, 233, 236, 246, 253, 259, 265, 269, 270, 272, 274, 275, 276, 277, 279, 289, 281, 285, 292, 293, 294, 296, 305, 335, 336, 360, 371, 372, 373, 375, 387, 389, 391, 395, 405, 429, 436, 445, 447, 455, 461, 468, 499, 500, 501, 502, 503

<sup>4</sup> Survey numbers 14, 19, 30, 33, 34, 35, 85, 120, 140, 176, 186, 205, 213, 216, 277, 295, 387, 395, and 502

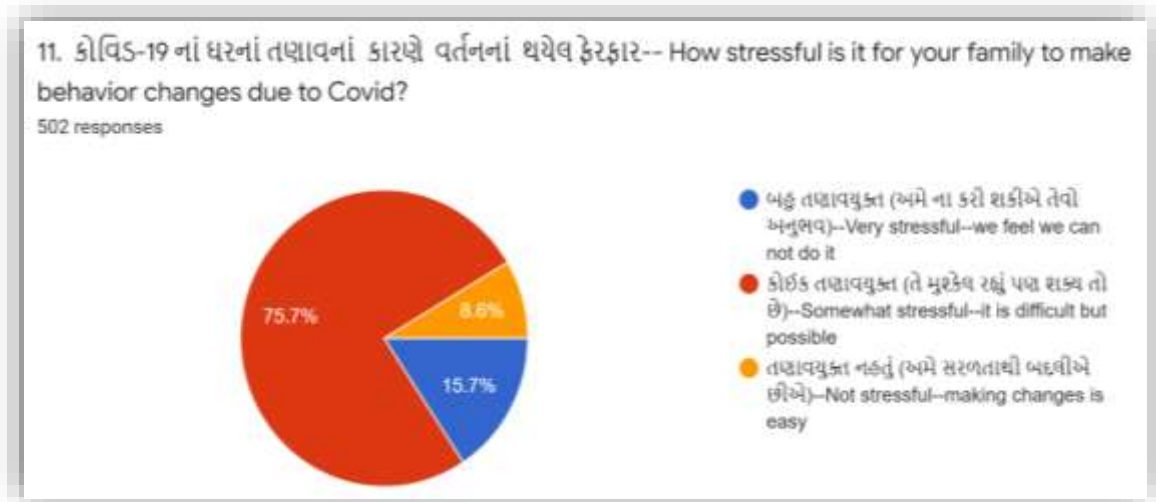
**10. Covid-19 Related Behaviour Change**--Survey participants were asked to identify all the ways their families' behaviour had been impacted due to Covid-19. Mask wearing and hand washing were the



two most common forms of behaviour change with 498 of participants (98%) reporting that they do these more frequently. Not leaving the house for non-essential reasons was the next most common behaviour change with 408 (81%) reporting that they remained at home as per lockdown guidelines. Three hundred and twenty-five participants (64.5%) also reported that they did not visit friends during lockdown. Staying home gave families more time together which was confirmed with 362 participants (71.8%) reporting that they spend more time together as a family. Two hundred fifty-seven (51.6%) had to cancel travel plans. "Helping others be comfortable" was the least reported form of behaviour change.

**11. Behaviour Change Related Stress**--Behaviour change can be difficult and participants were questioned about their experience with stress related to changes. Three hundred eighty (75.7%) reported that the changes were "somewhat stressfull but possible." Unfortunately, 79 participants (15.7%) reported the changes were "very stressful and we feel we cannot do it."<sup>5</sup> The other 43 participants (8.6%) reported making changes was "not stressful."

<sup>5</sup> Survey numbers 1, 2, 5, 21, 31, 35, 37, 40, 44, 45, 48, 50, 51, 52, 53, 55, 57, 69, 74, 76, 80, 82, 84, 88, 90, 93, 94, 97, 100, 105, 107, 110, 115, 117, 119, 120, 130, 145, 149, 154, 169, 179, 181, 183, 187, 188, 191, 193, 195, 196, 198, 199, 202, 205, 206, 211, 213, 220, 233, 236, 246, 251, 259, 272, 298, 299, 305, 308, 311, 321, 322, 332, 373, 429, 457, 465, 469, 490



Those who reported the behaviour changes were “very stressful” were asked to explain their answers in question **11a**. Unfortunately, those responses reflect a misunderstanding of the question. The question was meant to assess which Covid-19 related changes listed in question 11 were most stressful and why. The responses seem to reflect a wider variety of Covid-19 and lockdown related stressors. Despite the misunderstanding, the responses are enlightening and are considered briefly here.

**11a.** A few participants reported that having a Covid-19 positive relative was a source of stress. Other individual responses can easily be viewed on the original Google Form as the graph is too large to post here. A partial screen shot of the question and eight responses is provided on the next page. The full list of responses show that job loss and financial problems were reported as causes in most of the cases in which changes were rated “very stressful.” In other words, job loss was identified as the most common cause of increased stress in question 11 (which again, was a misunderstanding of the question). Furthermore, it is probable that those who did not respond with “very stressful” in question 11 also lost jobs during lockdown. This is discussed more in the *observations section*.

11a. ઉપરના પ્રેશનનો જવાબ આપતાં તમે ખુબ તણાવ અનુભવો છો એ કહી કેમ--If you answered "very stressful" to the previous question, please explain why.

88 responses

કામ બંધ થઈ જવાથી ઘર ચલાવવાની ચિંતા

કામ બંધ થઈ જવાથી ઘર ચલાવવાની ચિંતા

No

ઘર ચલાવવાની ચિંતા

Economical problem

Financial problems

કામ બંધ થઈ ગયું હોવાથી

Financial problem

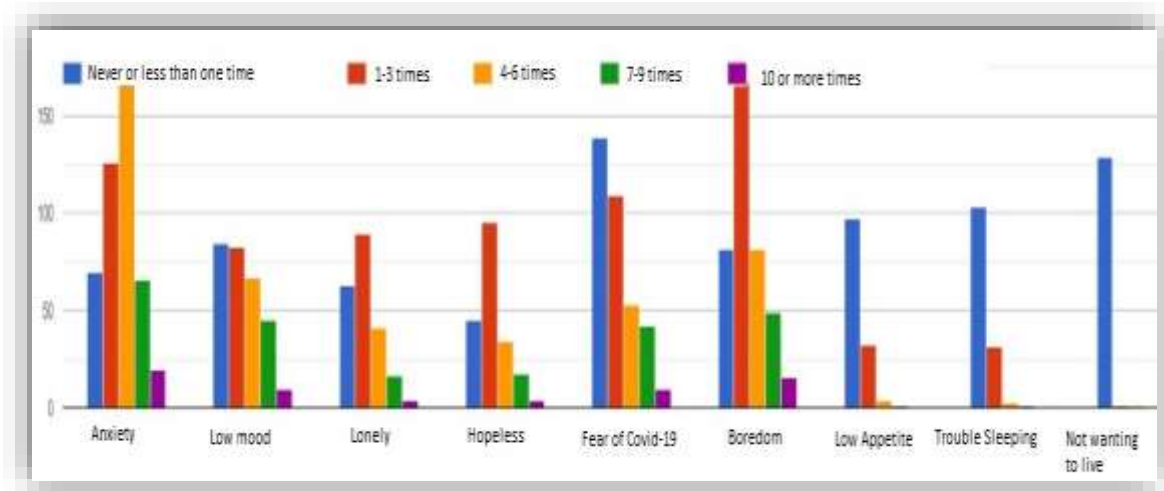
**12. Participant's Personal Experience**—Covid-19 related stress and behaviour change has potential to negatively impact mental health. A wide range of related variables were assessed on this topic. These variables can also be considered symptoms of mental health problems. For example, rather than asking if participants were "depressed," the survey assessed whether they had a "low mood, felt hopeless, lacked appetite, had trouble sleeping, or thought about not wanting to live." A participant who indicated frequently experiencing a combination of these symptoms is at risk for depression. Analysis of data in such detail will take more time and therefore only a brief overview of findings will be presented here.

The most reported mood related symptom was anxiety. Participants were asked how often they experienced anxiety. Twenty reported experiencing it more than ten times over the past month. Sixty-six reported it seven to nine times, 166 reported it four to six times, and 126 reported it one to three times. Boredom was the second most frequent experience. Sixteen participants reported it more than ten times, 49 reported it seven to nine times, 82 reported it four to six times, and 167 reported it one to three times.

Symptoms of depression were relatively minimal. However, ten participants reported feeling a low mood ten or more times in a month. Four participants reported loneliness and four reported hopelessness more than ten times. These individuals can easily be identified, and their

individual responses can guide intervention and further research. No participants reported ten or more times of low appetite, trouble sleeping, or not wanting to live.

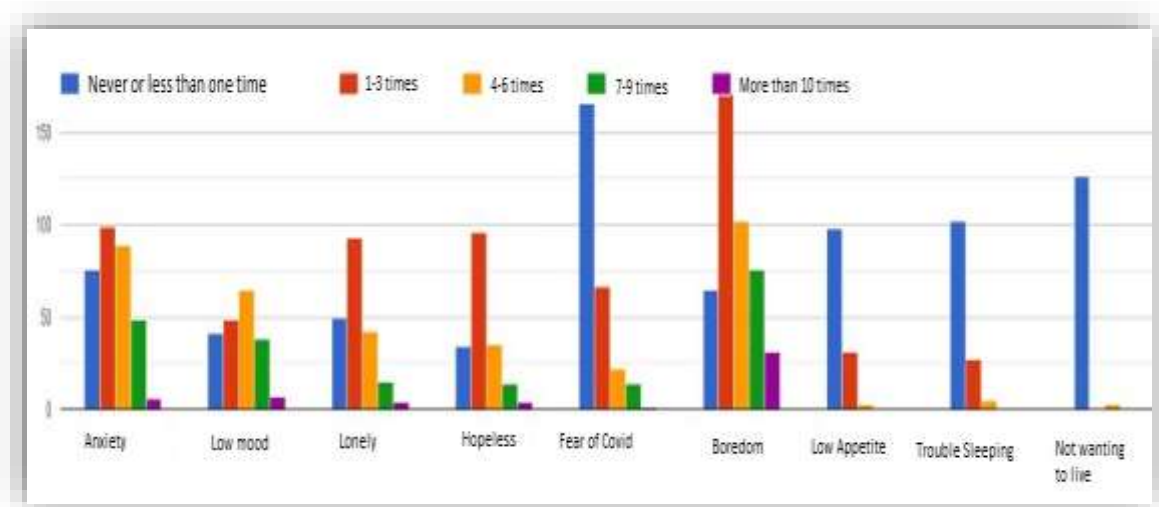
The question about not wanting to live poses significant concern. It was intended to assess suicidality. Surprisingly, it was discovered that 373 survey participants did not answer this question. Reasons for this and concerns are discussed in the *observations and limitations* sections. However, it is still crucial to identify that at least one survey participant (survey number 64) answered that he or she experienced not wanting to live one to three times in the last month and one (survey number 54) experienced this four to six times.



**13. Children's Experience**—This question is a duplicate of the previous. Responses differ because they reflect children's mental health experience. The participants were asked to report if these symptoms were present in *any* of their children. The results are similar, but boredom replaced anxiety as the most frequent experience. Thirty-one children experienced it more than ten times, 76 seven to nine times, 102 four to six times, and 171 one to three times.

Depression symptoms were again less frequent. Seven children were identified as having a low mood more than ten times in a month. Four were lonely more than ten times and four were hopeless more than ten times. Trouble sleeping and low appetite were not significant problems. However, as with question 12, the question to assess suicidality here was neglected. It went unanswered 375 times. It is still apparent that three children (survey numbers 54, 296, and 405) were reported to have thought about not wanting to live four to six times over that month. Again, concerns are discussed in the *observations* and *limitations* sections.

**14. Anxiety/Worry**—Participants’ experience with anxiety was assessed using a rating scale.



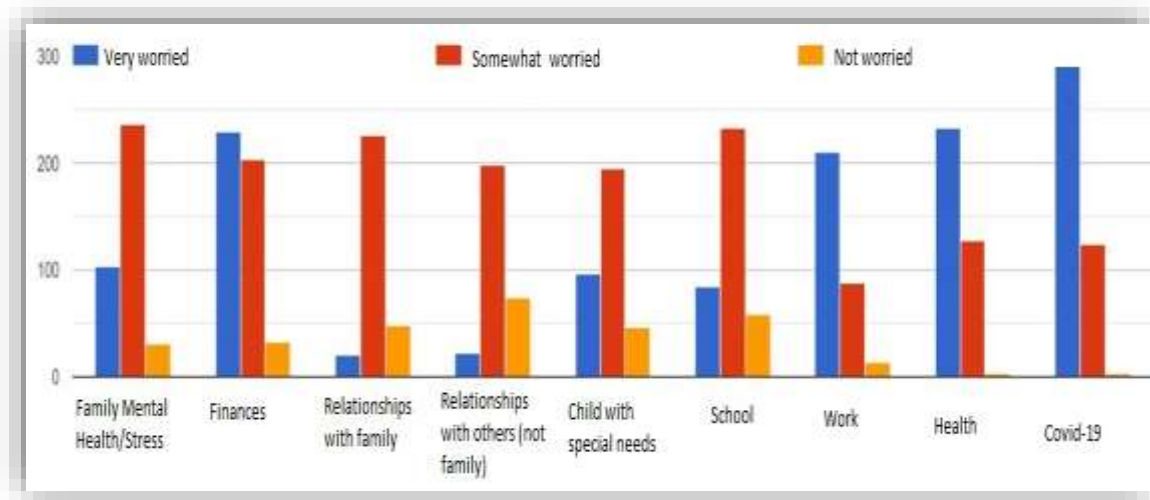
Participants were asked about various sources of worry and they rated them according to severity of worry. The potential sources of worry were family mental health, finances, relationships, children, school, work, health, and Covid-19.

People were most worried about being infected with Covid-19. Two hundred and ninety-three participants were “very worried.” This is in comparison to 230 who were “very worried” about finances and 233 who were “very worried” about health in general. Of special interest for Prabhat is that 96 reported being “very worried” about their child with special needs.<sup>6</sup> This information can be

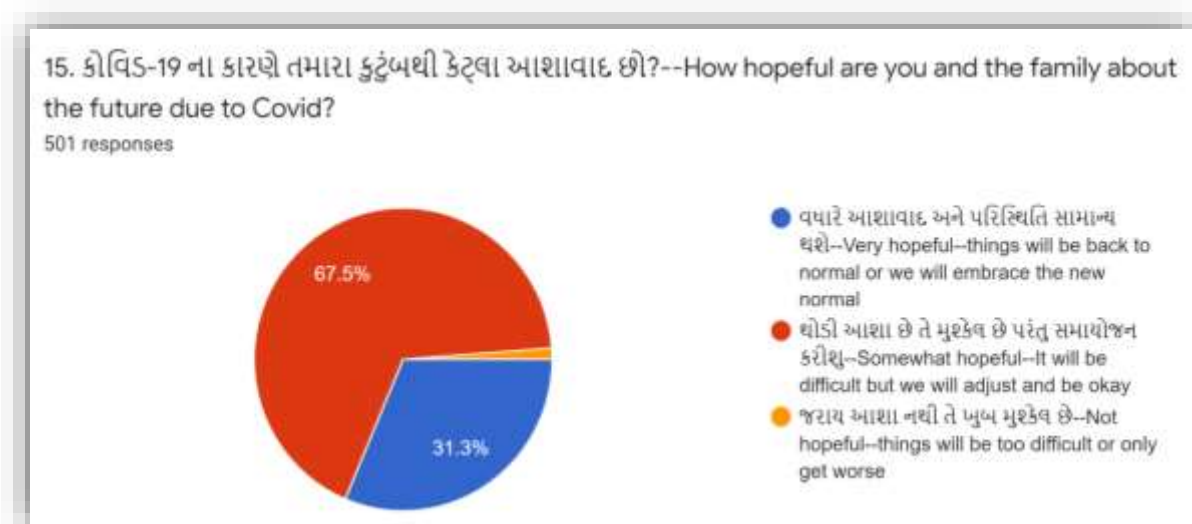
<sup>6</sup> Survey numbers 8, 9, 22, 25, 31, 34, 37, 39, 40, 43, 44, 45, 48, 49, 53, 54, 55, 57, 60, 61, 64, 65, 68, 69, 71, 73, 74, 76, 81, 82, 83, 84, 86, 92, 95, 98, 103, 104, 118, 123, 129, 134, 135, 144, 146, 147, 149, 153, 160, 163, 174, 177, 189, 195, 205, 211, 217, 227, 230, 232, 238, 240, 265, 274, 276, 279, 280, 281, 282, 284, 285, 286, 287, 289, 290, 294, 311, 335, 336, 337, 341, 345, 348, 351, 361, 363, 375, 387, 389, 399, 400, 409, 450, 452, 455, 499



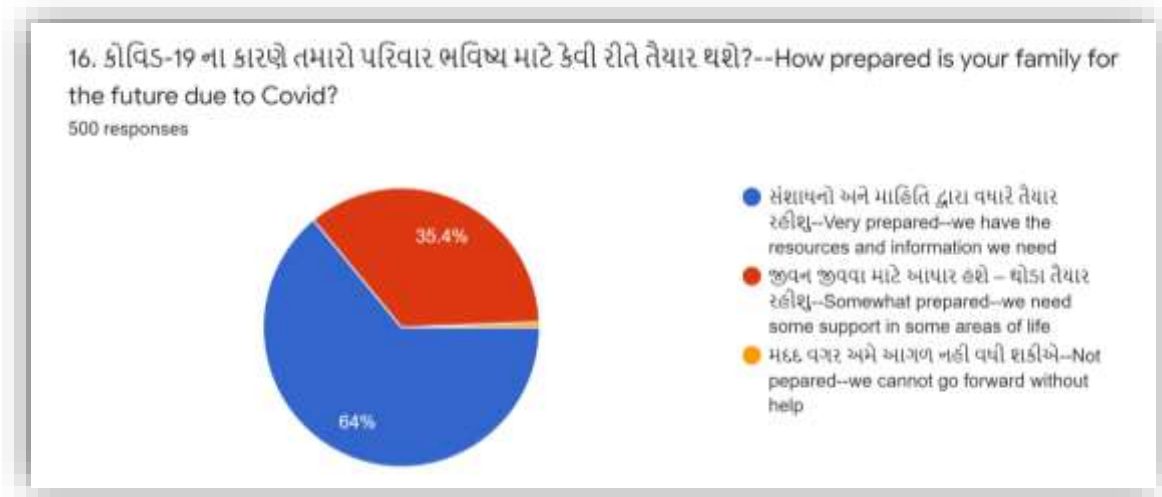
useful and is reviewed in the *observations* section. As can be seen in the graph, participants were least worried about family relationships.



**15. Hopefulness**—Assessing participants’ hopefulness about the future was important to Prabhat. The responses are encouraging. Only six survey participants (survey numbers 2, 13, 95, 147, 149, and 336) reported that they fear the future will be too difficult. These people can be easily identified and supported in ways that will alleviate this tension. The rest of the participants were “somewhat hopeful” (338 or 67.5%) or “very hopeful” (157 or 31.3%).



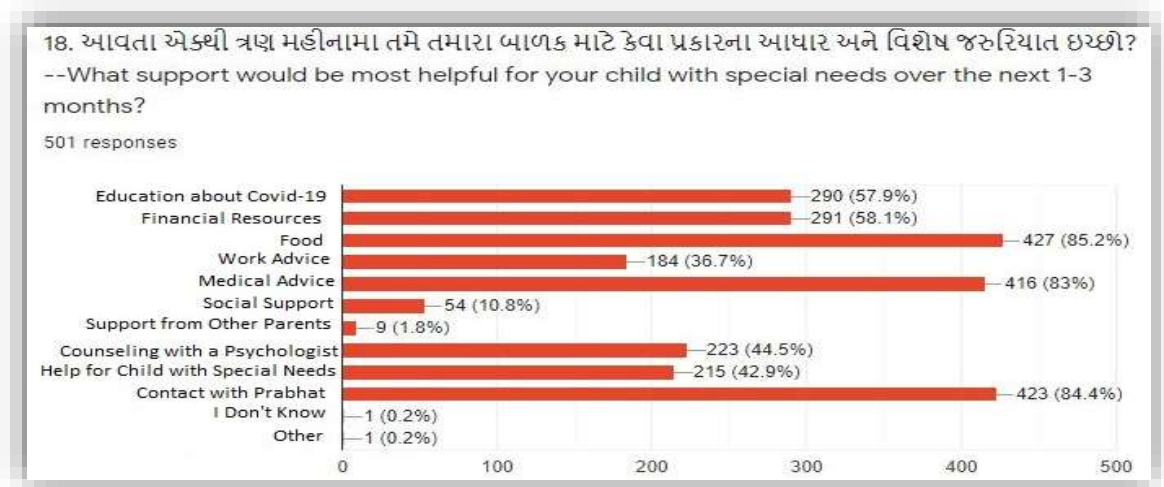
**16. Preparedness**—In addition to hopefulness, Prabhat wanted to assess how prepared people are for the future and potential further impacts of Covid-19. These results are also encouraging. Three hundred twenty participants (64%) reported being “very prepared.” One hundred seventy-seven (35.4%) reported feeling “somewhat prepared.” Three participants (survey numbers 105, 111, and 336) reported they are not at all prepared and need help to continue. This is discussed in the *observations* section.



**17. Relocation Plans**—Prabhat wanted to identify which participants planned to move from the city in the coming months. Not everyone answered to this question, but of the 466 who did, 462 said they will stay and four said they will move. The four who said they will move identified villages as their destinations.

**18. Support Needed**—Assessment of the types of help participants required was important to Prabhat. The question is included twice in the survey. First families’ general needs are assessed. Four hundred twenty-seven participants (85%) want help with food requirements. Secondly, 423 participants (84%) would like to talk with someone from Prabhat. Thirdly medical advice needed is also in high demand at 416 participants (83%) requesting it. The numbers for other forms of help can be clearly seen in the following graph. An important question to consider is whether the help

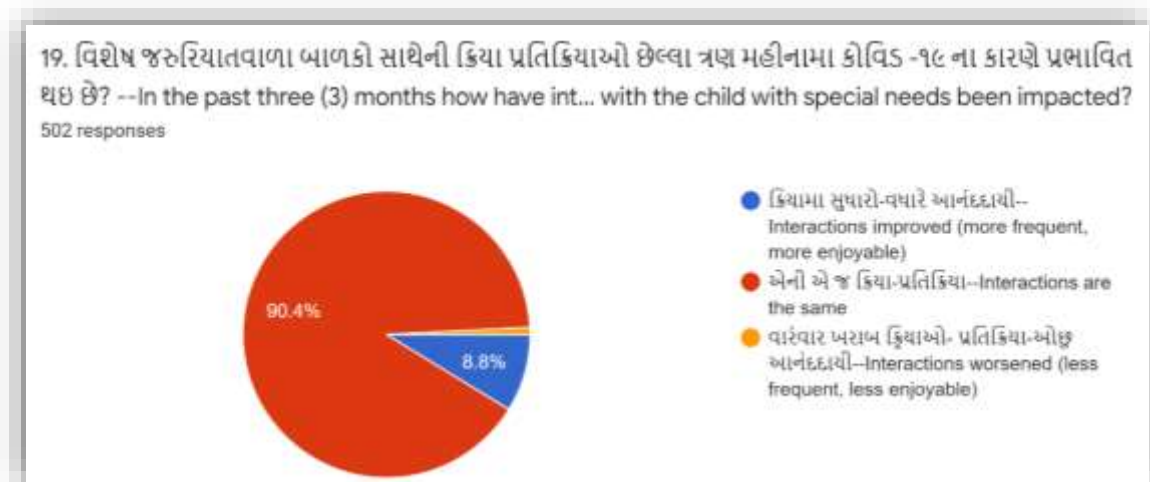
required can be offered online or while social distancing. The least requested form of help is contact with other parents. However, why nine people requested this might be a topic for further research.



### Survey Section Three—Children with Special Needs

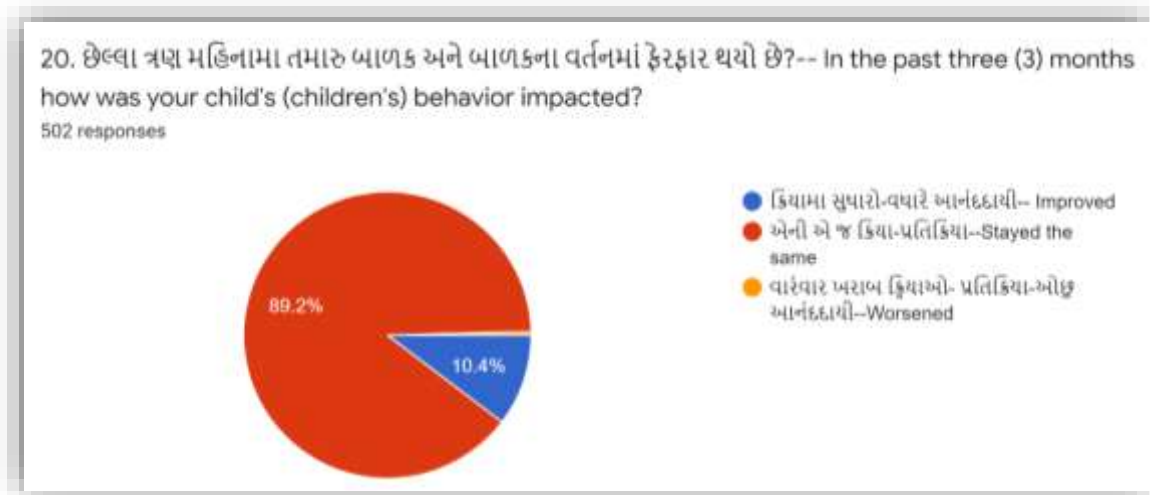
The last section focuses on the impact of Covid-19 on children with special needs. The questions will seem familiar as they were previously asked about the families in general. This survey was originally designed with the potential of reaching participants who do not have children with special needs. Therefore, this section was included as a means of specifically assessing children with special needs amongst a wider community of participants.

**19. Family Interactions**—Participants were asked to rate how interactions with their child with special needs have been impacted over the past three months. Four hundred and fifty-four (90.4%) reported that interactions have stayed the same. Forty-four (8.8%) reported that interactions improved. Only four (.8%) participants (survey numbers 35, 218, 391, and 395) indicated that interactions worsened.

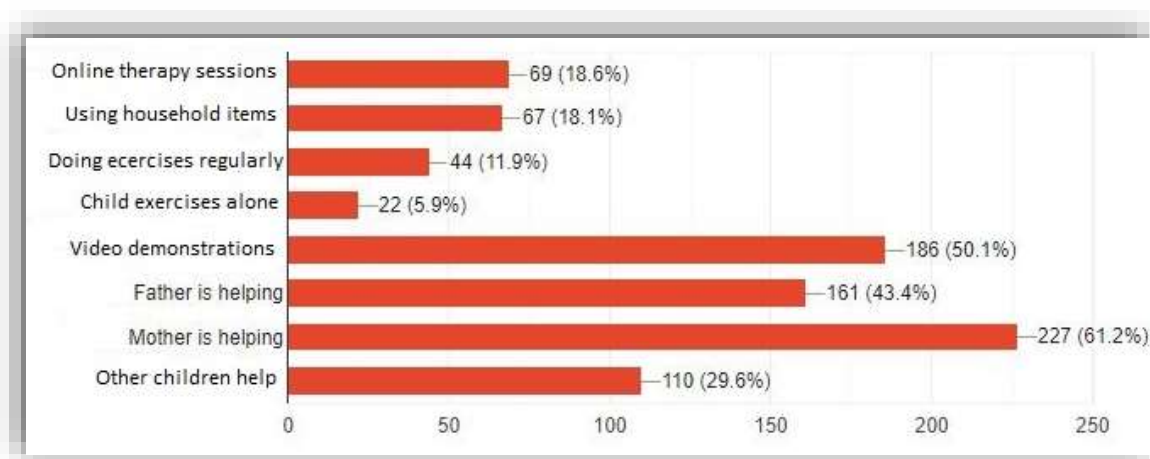


**20. Children’s Behaviour**—This question is similar to question number nine but was intended to focus on the behaviour of the child with special needs. It appears that a majority of responses (484) stayed the same. Fifty-two reported improved child behaviour. Only two participants (survey numbers 281 and 391) reported worse behaviour in their child with special needs.

**21. Physiotherapy**—Lockdown necessitated home based physiotherapy. Therefore, a simple question



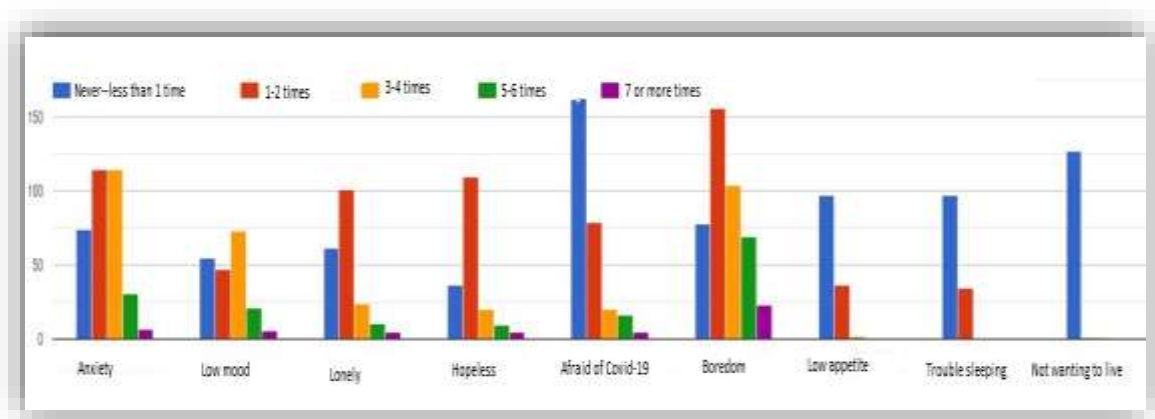
about how exercises were facilitated can prove insightful for Prabhat. Only 371 participants responded to this question. Of those, 227 reported that the mother conducted physiotherapy. Fathers also got involved and helped in 161 cases. Online physiotherapy lessons and sessions were also popular. One hundred eighty-six participants reported using video demonstrations or prompts, such as those staff sent via email or social media. Another 69 reported taking online sessions. Twenty-two of the children did physiotherapy alone.



**22. Experience of Children with Special Needs**—Just as with questions twelve and thirteen, this question assessed numerous variables, or symptoms, of mental health. Unfortunately, the

responses for this set of questions was limited with participants not answering in many cases. Anxiety was not assessed in 162 of the surveys, low mood in 302 cases, loneliness in 301 cases, hopelessness in 322 cases, fear of Covid-19 in 221 cases, boredom in 156 cases, low appetite in 368 cases, trouble sleeping in 372 cases, and not wanting to live in 375. One possible cause of these missed responses might be that the participant found these redundant because they were answered in question thirteen.

Despite the omissions, patterns and themes can be viewed based on information provided. In fact, similarities to question thirteen are obvious. That is, boredom was the most significant experience of children with special needs. Twenty-three reported it occurring more than seven times in one month. Sixty-nine reported it occurring five to six days. One hundred and four reported boredom three to four times, and 156 one to two times. Not wanting to live received two occurrences (survey numbers 265, and 387). One reported this feeling one to two times and the other three to four times. This is discussed further in the *observations* section.



**23. Support Needed**—This question is a duplicate to number eighteen that was intended to specifically identify resources and requirements of children with special needs. Answers are so similar that a simple reminder of the three most needed sources of help will suffice. They are food, medical advice, and contact with Prabhat.

## Observations

Descriptive analysis is used to display data and potentially identify patterns and themes. Such themes can be observed by reading through the previous pages of this report. It was recommended that the readers make mental notes of patterns and themes they noticed. Personal reflection and discussion with others about observations would be a healthy activity for Prabhat staff. Seeing patterns and themes can create curiosity about correlations, causes, and effects. These can be further studied using inferential or

explanatory analysis. This is possible with special data analysis software. Use of this software was attempted for this report but complications arose due to the Gujarati script. Making the script changes would have taken weeks and therefore was not completed at this time. However, in the following description of patterns and themes questions about possible correlations between variables and suggestions for further research and interventions are presented.

Questions served as discussion points during two presentations of the survey results (post-survey completion). One presentation was for staff and the other was for administrators and trustees. In the first presentation the staff and researcher simply viewed and discussed the Google Form responses page. During the second presentation, which included trustees, a draft of this report was reviewed collaboratively along with in depth analysis of data including specific survey responses from individual participants. Discussions were informed by Prabhat staff's more detailed understanding of reasons for certain responses and contexts out of which those responses came. Both discussion groups (as they will be referred to) had insightful background information that explained and challenged some of the researcher's observations. Those contributions will be emphasized throughout the following sections.

### **Participants' Experiences**

When assessing mental, emotional, and behavioral health it is important to identify indicators of both successful and unsuccessful coping. Service planning begins with an adequate understanding of strengths and weaknesses of families and communities. Strengths can then be celebrated and reproduced. Weaknesses can be treated. Questions eight, nine, eleven, thirteen, fourteen, nineteen, twenty, and twenty-two were designed to assess peoples' successes and difficulties. Responses to questions eight ("How have family interactions been impacted?") and nine ("How has child's behaviour been impacted?") reveal that most participants were not negatively impacted over the three months of lockdown. This is hopeful information and can be celebrated. It is a good place to begin observations of the survey. During one discussion group a trustee commented that, "one of the main conclusions we can draw from this report is that most families are incredibly resilient."

One benefit of specifically identifying resilience is that others can observe and learn from those who navigate life's challenges effectively. For example, families in which interactions and child's behaviour improved can be consulted for more insight about their positive experiences and coping strategies during lockdown. This information can be shared with other families and their stories can be publicized as examples of innovation and adaptability. In further research these questions can be cross analyzed with other variables (like family size, work, mental health, etc.) to identify correlations and possible causes of success. Discussion groups also revealed that survey participants displayed inspiring adaptability in other

areas of life like creative work from home and community support. Such knowledge about participant's strengths can inform intervention planning for others who have more struggles.

A small percentage of participants reported worsening interactions and child behaviour. For example, 22% of participants said family relationships became less enjoyable (question 8). This should be a concern. What might be the reason? When data shows that 22% of family interactions worsened but on the other hand 17% of children's behaviour improved, does it seem like children can be the cause of worsening interactions? No. Could it be the parents? Stress? Finances? Other variables must be cross examined. For example, looking at question eleven ("How stressful are changes due to Covid-19?") it can be seen that 16% of families reported that changes are "very stressful." Could this be correlated with family interactions worsening? Such questions were posed to the discussion groups and one trustee observed that it has been shown that anxiety was the most common psychological complaint of parents. He added, "we are still in a pandemic and the pandemic worsens anxiety." This indicated to the discussion group that parents' mental health should be a prioritized concern.

Such questions can also be used to identify high risk individuals and families. This is done by identifying those who are having problems based on responses to one question and comparing those same participants' responses to other questions. If they identified problems in many areas, they may be at risk and need urgent or specialized attention. For example, combining responses from questions eight ("worsening family relationships"), eleven ("change is very stressful"), and fourteen ("very worried about child with special needs"), it can be observed that 67 participants agreed to two of those statements. Eleven agreed with all three. These combined 78 participants<sup>7</sup> can easily be identified for further study and/or contacted for further information regarding their difficult situations and help they require. A detailed list of these participants was created and supplied to Prabhat. Their individual surveys can be accessed for a complete understanding of problems and needs.

Taking the previous observation further can reveal another alarming pattern that appeared in the research. As previously mentioned, the mental health assessment question about "not wanting to live" was left blank in 373 participant responses and 375 responses inquiring about children. First, the reason for these omissions should be questioned. Was this question culturally inappropriate (considering the author of the survey was a foreigner)? Was Prabhat staff uncomfortable asking about this topic? Did participants refuse to

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<sup>7</sup> Survey responses who agreed with two statements--1 5 8 9 19 31 34 37 40 43 44 50 51 52 53 55 57 74 76 82 86 90 97 103 105 111 115 129 130 140 153 160 183 189 191 193 196 198 202 206 216 220 227 230 233 236 246 259 265 272 274 276 277 279 281 285 289 294 305 335 373 375 389 395 429 499 502

Survey responses who agreed with three statements--35 45 48 69 95 120 147 205 213 336 387

answer? Assessing clients for suicide risk is standard procedure for mental health screenings across the world, and omission of these responses in this survey is unfortunate. Statistics on suicide during Covid-19 were not researched, but discussion groups agreed that trending reports and common knowledge indicate that suicide rates are rising. Whether this is true or not does not affect the importance of the question and the need to find an appropriate way of asking it. The reasons for response omissions are legitimate and will be discussed in the *limitations* section. Still, it can be seen from the limited responses that people did indeed think about not wanting to live over the last three months. Five participants (survey numbers 54, 265, 296, 387 and 405) reported that a child had thought this way. If this variable is added to the three discussed in the previous paragraph, it shows that two of the five participants who reported not wanting to live also reported either “family interactions worsening” or “change is very stressful.” Two (survey participants 54 and 387) reported all three (“not wanting to live, family interactions worsening, and change very stressful”). These participants may be classified as “at risk” and require urgent service. Discussion groups identified that raising awareness about the local suicide help line is an example of an immediate intervention for individuals struggling with thoughts about not wanting to live.

Again, there are a variety of possible correlations that can be explored in further research. Hypotheses can be formed about connections between each variable in the survey. For example, the list of participants who agreed with three statements could be cross analyzed with variables like family size, type of work, number of children with disabilities in the home, what type of help was received, and so on. This point is emphasized to encourage creative and critical thinking when reviewing this data. The resulting understanding can increase Prabhat’s potential to strategically develop effective and relevant needs-based services. An example was that one discussion group questioned the goals of this survey. The question led to the realization that using this data as a catalyst for adaptive service development will be most helpful. The group went on to produce a quality list of potential interventions.

### **Children with Special Needs**

Question 15 is the first mention of issues regarding children with special needs. There, survey participants were asked to identify sources of anxiety. Ninety-six participants reported they were very worried about their child with special needs. This might be important for how Prabhat plans to follow up with survey participants. Would it be urgent to further assess the situations of these 96 participants? Survey participants are identified in the footnote on page 13 for ease of follow-up. Taking this further, one can read in the next question (16) that participant 336 also reported they feel “very unprepared” for the future. Combining questions like this can help Prabhat prioritize participants who need the most help. Questions 19 and 20 refer to family interactions and children’s behaviour. Very few participants reported problems in these areas, but participants who did report difficulties are identified and listed on page 16 for



ease of further research and follow-up. Despite challenges, it should again be emphasized that the data displayed the encouraging theme that children with special needs are admirably resilient.

Question 21 is regarding physiotherapy trends. Prabhat might benefit from learning that 51% of participants use video prompts and demonstrations for home-based therapy. This seems good but there also shows room for improvement given the continued need for social distancing during the pandemic. How can Prabhat become more effective using alternative means for physiotherapy? Could video sessions be more useful? Only 18% of participants reported using these, but it should be noted that many do not have access to such much needed options. Are there ways to make physiotherapy resources more available?

Question 22 was the last question directed at children with disabilities and was intended to assess the many variables of mental health. It went unanswered many times as observed on page 17. This is unfortunate but it may be helpful to assess the reasons. Perhaps participants found it redundant as it was a duplicate of question 13. If the survey participant only had one child, then answering the same questions would not be necessary. Two conclusions can be drawn from the data provided in responses to question 22. One is that children with special needs suffer from boredom mostly. Can Prabhat help with this? Perhaps certain online therapeutic play interventions can be developed. Secondly, two children were identified as having thoughts about not wanting to live. They are survey numbers 265 and 387 and were discussed in the previous section.

### **Participants' Needs**

Another relevant observation is that survey participants reported that being contacted by Prabhat would be helpful. It is unclear what participants required, and perhaps further exploration into individual surveys would yield that information. One discussion group suggested that participants assume Prabhat will be able to help them with other priorities like food, finances, and medical advice. One might also wonder, are those who would like to be contacted by Prabhat the same participants who were identified as potentially "at risk?" If so, would it be important for Prabhat to consider effective and urgent intervention strategies? Another correlation with this question might be question 16 ("preparedness for the future"). If a participant identified *both* "not being prepared" *and* "wanting contact with Prabhat," is there a way that Prabhat can help these participants prepare for the future? Some survey participants also reported wanting to talk with a psychologist. As mentioned earlier, the list of "at risk" participants was provided to Prabhat. In that list, individuals who requested contact from Prabhat and/or counseling were identified. The discussion group agreed that linking these individuals to counselors will be a prioritized intervention.

The apparent discrepancy between question six (which identified sources of help for participants) and questions 18 and 22 (which identified which type of help participants want) was presented to discussion groups. Question six responses indicated that 137 (28%) participants received help from Prabhat. Question

18 and 23 revealed that about 423 (84%) would like more contact with Prabhat. While these questions address two separate variables (“help from” and “contact with”), the resulting discussion was insightful. Initially the researcher suggested that a case management program might be a solution to the apparent lack of connection participants reported. However, one discussion group thoroughly explained that Prabhat is already doing case management, and moreover, Prabhat’s version of case management is the very reason for the discrepancy between those helped and those wanting more contact. To explain, during lockdown (especially the beginning phases), Prabhat worked extensively with community leaders, other organizations, medical facilities, and government organizations. This work has been extensively documented by Prabhat. It was not in view of participants and was largely via phone or private meetings (“behind the curtain” as one staff member put it). The survey participants did not see these interactions, and therefore did not fully realize how they materially benefited from Prabhat’s advocacy, brokering, and networking amongst these sources of support. For example, when aid that Prabhat advocated for and organized finally reached the participants it was usually delivered by government officials or local leaders. Participants concluded the aid came from these sources alone. Prabhat’s important role demonstrates Prabhat’s goal of empowering communities to work together for mutual support. Direct service from Prabhat is not necessarily the goal. Prabhat’s pursuit of the goal of linking individuals with local support appears to have concealed Prabhat’s important role. This can be celebrated as a job well done by Prabhat and demonstrates commendable case management skills.

Another apparent discrepancy was found when comparing questions four and 11a. Question four assessed “current” work. Most of the participants (82%) reported that someone was “currently” working. Since the survey was administered *after* lockdown, it is reasonable that people would have been working. The problem with this is that the researchers intended to assess income *during* lockdown. The question therefore should have been worded, “how many worked for income during lockdown?” This mistake was identified during a discussion group. Someone pointed out that in question 11a, 88 survey participants reported that job loss and financial problems were the sources of “very stressful” experiences. The staff in the discussion groups, based on direct observations, were able to give examples of what frequently happened with peoples’ jobs. Many individuals who worked on outsourced factory projects from home (domestic work), were severely impacted when factories closed during lockdown. First, they did not receive full compensation for work they completed. Second, more work was not provided until after lockdown. For example, survey participant 57 reported that one person “currently works for income” (question four) as a “day laborer” (question five), and found lockdown changes to be “very stressful” (question 11) because “work had been stopped” (question 11a). In another example, survey participant 53 reported currently there was a family member working (question four) in a “food market” (question five), and found lockdown changes were “very stressful” (question 11) because this individual “had to go two months without pay”

(question 11a). This short observation reemphasizes what was discussed in the *introduction and background* section of this report—the existence of many contributing variables that can impact family functioning and mental health.

### **Limitations**

Most significant limitations of this report were mentioned already. The first had to do with duplicate responses. The possibility that survey participants had multiple children with special needs, and therefore seem to have been contacted more than once, was not accounted for. This problem could have been solved with better training and rewording of some questions. Still, duplicate surveys can be identified easily by revisiting the Google Form response pages. It would have been ideal to have done this prior to writing the report but would have delayed the completion of the report by days. An alternative is to remember that all data is approximate.

Google Forms was a convenient method of data collection, and Prabhat staff worked diligently to call and interview survey participants in a timely manner. They seemed familiar with the Google Form process for the most part, but it appears there was some minor confusion in some responses. The researcher probably created some confusion also as it was his first time creating and using a Google Form. A simple example is question five. Multiple “other” options were included as responses when they could have been checked from the provided list. The result was that the graphs generated by Google showed the same job in two or three locations on the chart’s vertical axis. Other mistakes could have been remedied by the creation of better questions (especially question six and 11a), more accurate multiple-choice options, and better training prior to calling participants. Again, remembering the data is approximate is the most appropriate solution. The report can also be treated as a work in progress since further discussion with staff will continue.

This project was a unique cross-cultural venture, but this also created limitations. The researcher tried to appropriately word questions to not cause confusion or offense. The Prabhat team offered suggestions and translations. All collaboration was done online and through social media due to social distancing requirements. Some confusion was inevitable. One example is in question 16. The researcher wanted to ask, “how prepared is your family for the future?” The Gujarati translation seems to say, “how will your family prepare for the future?” The corresponding answers appear to reflect the researcher’s intended question, so this is not a major concern.

One major concern is the three questions in the mental health sections (questions 12, 13, and 22). These were meant to assess participants’ tendency towards suicide or self-harm by asking how often participants or children think about “not wanting to live.” The phrasing of the question in this survey illustrates a significant cultural difference. In the researcher’s home culture participants would be asked

some version of, “how often you think about suicide.” This is a standard and accepted question in the United States. The researcher sought local advice about this question before wording it the way he did on this survey, but it would have been helpful to ask Prabhat staff whether it was appropriate and comfortable. It appears that the unfortunate effect of this mistake was that the question was skipped or not answered in most interviews. Discussion group participants later agreed that those reading or hearing the question “how often do you think about not wanting to live” would have found it indecent. An alternative will be pursued.

## **Conclusion**

A review of benefits of this survey can serve as a reminder of the importance of assessment—especially in difficult times like Covid-19. First, Prabhat now has a more complete understanding of families it serves. This information can help guide Prabhat’s adaptations to the pandemic and related challenges. Informed adaptations are more likely to be appropriate, effective, and efficient. Many intervention strategies are implied in the report and discussion groups contributed many thoughtful intervention proposals along with practical next steps. Some potential interventions include mobilizing to meet emergency needs, supporting anxious parents, learning from resilient families, and continuing to pursue community partnerships. By conducting this survey, Prabhat has shown initiative and leadership regarding pursuit of understanding its community on its community’s behalf. Positive outcomes can be expected.

Second, this report reveals that problems related to Covid-19 are complex with many variables. Understanding these variables requires assessment and record keeping. Thanks to the hard work of Prabhat staff, complete lists of children and their unique, multi-variable needs are available to the organization. This invaluable information will remain with Prabhat for future reference and outcome tracking. Prabhat already keeps extensive client files and this addition demonstrates Prabhat’s commitment to comprehensive understanding and documentation.

Third, the families, though they might not realize it, will be supported, and empowered because they are seen, understood, and cared for in a thorough way. Their strengths and struggles are known and respected in ways that will benefit them as specific, client-centered interventions are developed. This is possible because Prabhat has taken the time to understand. With this understanding, Prabhat will rise to meet the challenges of the ongoing pandemic, and the organization should be commended for proactively responding to the crisis and wisely using the time to serve families in this exciting way.

## Annexure I

### **About Prabhat**

Making learning a joyful experience for those who need an alternative

The Prabhat Education Foundation reflects a journey that began in 2003 through the identification and nurturing of children with learning difficulties struggling in mainstream schools. In time, the widespread reality of physically and mentally challenged children in and around Ahmedabad became apparent, and Prabhat moved into serving special children (children with disabilities), as well as their families affected by stigma, ignorance and denial. Realizing the need for education and learning of this group and particularly of children, Prabhat conceptualized an institutional facility to provide systematic learning and rehabilitation services that could be accessible for those challenged by poverty and mobility. Working with and through local communities is Prabhat's hallmark.

What started as a modest beginning, with one child in 2007, has now reached to 3000 persons with special needs in Ahmedabad as well as to their families, neighbours and communities. Today, Prabhat's programmatic activities and services are carried out under 3 major areas:

**Prabhat Centres** - The Centres constitute the core Prabhat's Programmes – creating an environment in which the needs, abilities and challenges of children with special needs are respected and opportunities created for them to learn and to grow as citizens. Centres are designed as 'welcoming and cheerful' spaces for therapy, play and learning by doing.

**Community-based Rehabilitation Programme (CBR)** - The goal of Prabhat's CBR is to create enabling environments and capacities within the communities and homes to support and encourage those children with special needs and their families who cannot access Prabhat Centres due to barriers of mobility, distance or awareness. CBR is directed toward generating awareness, knowledge and capacity within homes and neighbourhoods that can mobilise them to support and nurture children with special needs.

**Advocacy** through networking – Advocacy strengthens each of these services and creates a more enabling environment for children with special needs in the society. One of the main aims of Prabhat's advocacy is removal of stigma and fear attached with disability, so that children with special needs are included as equals within the Indian society. In this endeavour Prabhat works with many partners and individuals.

## **Programme Details**

This section will give you detailed information on the various programmes that Prabhat runs focusing on the primary goal and objective of each programme. Prabhat's programmes encompass a range of activities and services targeted to help bring succor to children with special needs, their families and the communities they belong to. Activities edging towards an inclusive society are conducted through three main channels – Prabhat Centres, Community Based Rehabilitation (CBR) and, Advocacy.

### **Prabhat Centres**

The Centres constitute the core Prabhat's programmes – creating an environment in which the needs, abilities and challenges of children with special needs are respected and opportunities created for them to learn and to grow as citizens. Centres are designed as 'welcoming and cheerful' spaces for therapy, play and learning by doing. The team of Prabhat's special educators is supported by assessment and therapy processes conducted and guided by experts. Occupational training opportunities provide direction toward future livelihoods and productive citizenship for children with special needs. The Centres help create and expand opportunities for inclusion of children with special needs within the mainstream society, most importantly by working with local schools.

Centres have various activities and facilities extended for children with special needs, designed as per the need and development of every single child.

## I. Therapy Facilities

Therapy facilities are provided under expert guidance to children with multiple challenges - severe mental retardation, cerebral palsy and low vision. With a view to render the therapy facilities are fully utilized and sustainable, Prabhat provides value added support by way of establishing links with external specialists, provide transport assistance and guidance on Government schemes and other supporting opportunities/schemes.

## II. Educational and Learning Activities

Prabhat provides school/classroom experiences tailored to individual needs of the special child, through a process of assessment and counselling that begins at the time of admission. Each child is helped with a congenial environment depending upon her/his condition, and encouraged to join others in developing essential physical and social skills as well as new abilities.

## III. Outdoor activities and events

Side by side with the in-house teaching, emphasis is laid on outdoor learning through excursions and visits. It has been observed that children are very enthusiastic to learn through outdoor visits and events. There has been tremendous amount of improvement in their confidence level and their communication skills. Outdoor activities also give the children an opportunity to do things by themselves without help from their family members. The outdoor visits also gives children with special needs a chance to interface with nature and enjoy fresh air and open spaces, which they seldom get to experience. Children from the Centre, CBR and Dehlu are all a part of the activities and events. Children with multiple disabilities are usually accompanied by their parent.

## IV. Parents counselling and training

Counselling is an important part of the sensitization activities that Prabhat undertakes. As family and especially mothers are the primary care givers, care is taken to provide appropriate and timely counselling to them and other family members of the child with special needs.

Training sessions are also conducted for parents so that they understand and assist their wards better. Parents of the children coming to the Centre are counseled at regular intervals, and space for continuous interaction is maintained in order to build a good rapport and strengthen relationships of parents with Prabhat.

### Therapy facilities provided at Prabhat:

- Speech stimulation – children are given speech exercises, which helps them exercise their mouth
- Physical activity for grasp and grip,
- Physical activity for gross motor skills
- Sensory exercises,
- Eye and hand coordination
- Functional academics – children are taught functional academics, which
- Clay and sand therapy – children are made to get their hands into clay and sand, they are asked to make things using them. Sand and clay helps them to move their fingers more, thereby increasing the dexterity in them
- Group therapies – activities are done together, so that children learn to work in teams and build on confidence and patience. Activities like potting the plant, etc are part of group therapies
- Play therapy

**Since its inception, Prabhat has focused on building the capacity of parents and families to absorb learning that can transfer the attitudes and skills for care into the home environment of special children.**

## **V.** Medical camps

Medical camps are held regularly with various experts, and specialists are called in for the camps. Parents, who cannot afford proper and appropriate medical consultation for their child with special needs, find medical camps very useful. Medical camps are also used for distribution of aids and appliances to the needy.

## **VI.** Home visits

Regular home visits (homes of children with special needs who come to the Centre) are conducted by Prabhat's special educators, therapist and experts. The home visits aim to strengthen the bond and create a rapport between the teacher and the child. It is also conducted to give teachers the understanding of how to deal with the child after having visited their residence. This is also a part of the awareness generation activity.

### **Prabhat's Educational and learning activities include:**

- Activities for daily living: includes activities like- eating, brushing, combing, etc.
- Pre-vocational training: includes making *diyās*, various trinkets, book marks, etc.
- Academics as per the need of the child
- Attention and memory games
- Art activity
- Speech activities
- Buddy interaction: involves pairing of children with special needs along with children from mainstream schools. Pairs are then given activities to do together, hence encourages peer learning.
- Scientific reasoning and explanations: like how a seed germinates and becomes a plant. Live demonstration of the same is conducted for better understanding.



## Community Based Rehabilitation services (CBR)

The goal of Prabhat's CBR is to create enabling environments and capacities within the communities and homes to support and encourage those children with special needs and their families who cannot access Prabhat Centres due to barriers of mobility, distance or awareness. This programme is the outcome of field observations, home visits and discussions with other experienced institutions and activists. CBR is directed toward generating the awareness, knowledge and capacity within homes and neighborhoods that can mobilize them to support and nurture children with special needs. The Home-based Programme within CBR provides support through training and learning opportunities organized in and through the neighborhood. Surveys generate base-level data to identify priority needs.

Prabhat's team pays regular visits to identified areas to help build and facilitate a supportive environment for the child and her family. The CBR Programme also reaches out to those who cannot come to the Centres because of mobility constraints or distance. Towards this end, Prabhat strives to recruit team members from the community, or those familiar with the communities it serves.

### CBR activities includes:

- **Home base programme:** includes activities designed for children who are not able to come to the Centre due to problems of mobility. Activities and therapy sessions are conducted at the child's home.
- **Early Intervention programme:** addresses children in the age group of 0-5 years, who have any level or kind of disability. Prabhat with years of experience has realized that early intervention tremendously facilitates better development of the child, thereby preparing her early on for mainstream education system.
- **Baseline ethnographic and door to door surveys:** There are two types of surveys are conducted by Prabhat's team. Baseline survey conducted to study in detail the ethnographic structure of the community living in a given geographical area. The base-line survey is mostly conducted when entering a new geographical area. The second type of survey which is conducted at regular intervals is the door-door survey. This survey is conducted to identify children to be assisted under the EI programme, to study the level of improvements in Persons with Disability (PWD) and children with special needs those who are being assisted/helped by Prabhat.
- **Dehlu:** Dehlu serve as a first milestone of support for special children outside the reach of institutions and Prabhat Centres. The Dehlu act as a strong example of inclusion, bringing together special need children and their families with those of the mainstream on a common platform that is accepted by all in the community. Thus the Dehlu act as a catalyst for community mobilization in support of inclusion.

## Advocacy through Networking

Advocacy for Prabhat means utilizing all its activities and resources toward greater opportunities for children with special needs and their families. Its aim is - removal of stigma and fear so that the children are included as equals within the Indian society.

As part of the advocacy efforts, Prabhat conducts regular awareness and sensitization workshops with *anganwadi* staff, students, teachers and other administrative members from mainstream schools and colleges. Advocacy efforts are also aimed at the public at large creating awareness and bringing them closer to an inclusive society. Apart from this a detailed assessment of students is also conducted by specialists in order to identify any disabilities among the children. If any disability is detected, appropriate support is extended under the Early Intervention (EI) programme of Prabhat. Regular awareness activities also include workshops, street plays, events and *baithaks*.



## Contact details

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<https://twitter.com/PrabhatEdu>