

## Grant Report

### 1. PROGRAMME SUMMARY

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Organization Name	Mashal				
Grant Number	R-2510-25767				
Theme	Disability: Community Rehabilitation & Inclusion				
Name of the Programme	"SHINE: Support and Holistic Integration for Nurturing Empowerment of CP Children."				
Grant Start Date	1 <sup>st</sup> April 2025				
Grant End date	31 <sup>st</sup> March 2028				
Reporting Period	APRIL 2025 TO MARCH 2026				
Prepared by: (Name, Designation, Contact Number, Email Id)	Name- Chinamma KC (Sr. Deepika) Designation- Secretary, Mashal Contact Number- +91 6001227831 Email Id- <a href="mailto:mashalpatna@gmail.com">mashalpatna@gmail.com</a>				
Report Date	8 <sup>th</sup> April 2026				
Total Approved Budget ₹ Cr	58,23,000.00				
Year-wise approved vs. disbursement and expenditure of Grant Funds					
Details	Y 1	Y2	Y3	Y4	Y5
Approved	20,23,000	18,96,000	19,04,000		
Disbursed	20,23,000				
Expenditure	18,18,055				
Submitted to: Dr. Sarwar Khan,					

### 2. ANNUAL PROGRAMME UPDATE

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1. What are the key activities undertaken during the review period? Please share your assessment of how the program is progressing towards planned goals/effects. *(For Y1, it should also include recruitment, induction, and capacity building of staff and community cadre; baseline, MIS, and office set up.)*

With the support of Azim Premji Foundation during the first year of the partnership, the Mashal has been able to significantly strengthen its focused intervention for children with disabilities,

particularly those affected by Cerebral Palsy through the project '**SHINE- (Support and Holistic Integration for Nurturing Empowerment of CP Children)**'. This support has enabled us to adopt a more dedicated and structured approach, reaching 50 children (0 to 8 years) and their families with need-based, continuous care and services. By ensuring access to physiotherapy, rehabilitation services, and caregiver support, the project has created an enabling environment for improving the quality of life and developmental outcomes of these children, while also empowering families to play an active role in their care and inclusion.

During the reporting period (Year 1- April 2025 to March 2026), the project established a strong foundation for delivering need-based services to 50 identified Cerebral Palsy children (boys- 31, girls- 19), across 21 villages in 8 Gram Panchayats of Raxaul block, East Champaran.

The initial phase of the project focused on recruitment and onboarding of key staff, including one physiotherapist, three community-based rehabilitation workers, one project coordinator and Raxaul Unit Director as Senior Nurse Consultant. The recruitment process for key project positions was carried out in a structured and transparent manner. Vacancies for Project Coordinator, Physiotherapist, and Community-Based Workers were advertised through the online platform Devjob, which generated a strong response with over 100 applications received. To ensure local relevance and sustainability of the intervention, the organisation prioritized candidates from the Raxaul and nearby area during the shortlisting process. This was followed by a systematic interview and selection process, leading to the onboarding of suitable candidates aligned with the project's requirements.

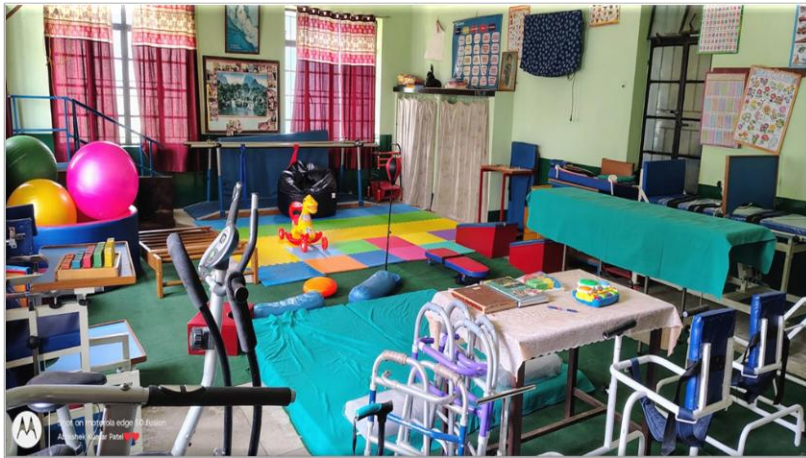
This was followed by structured induction and capacity-building sessions to orient the 06 new team members. A three-day induction and capacity-building programme was organised for newly recruited staff to ensure a strong foundation for project implementation. The orientation began with an overview of Mashal, where the Senior Nurse introduced the organization's journey, its work in Raxaul, and its focus on education for out-of-school children as well as interventions for persons with disabilities. Technical sessions were facilitated by doctors and physiotherapists from Duncan Hospital Raxaul, who provided in-depth training on identification and management of disabilities, with a specific focus on Cerebral Palsy. The sessions covered early identification, prevention, types and importance of physiotherapy, home-based care practices, activities of daily living, and the role of medical consultation and corrective surgeries, along with the importance of linking children to government schemes and entitlements.

On the final day, the Programme Manager and MEAL Officer oriented the team on the SHINE project's objectives, target groups, key activities, and indicators. Detailed planning for both home-based and centre-based therapy was undertaken, along with clarity on reporting structures and timelines. In addition, a comprehensive plan for conducting the baseline assessment was discussed, including identification of children, use of assessment tools, and processes for capturing child-wise data to inform individualized intervention plans and enable systematic tracking of progress over the project period. Basic office and centre-level infrastructure was also set up to ensure smooth programme implementation.

**Project's key programmatic activities included:**

- **Equipment for Physiotherapy centres: and provision of therapy kit for Community Based Rehabilitation (CBR) Workers and Physiotherapist:**

Partnering with Azim Premji Foundation, the organisation has been able to adequately equip and strengthen the Therapy Centre located at the Raxaul Unit's premises. This investment has not only fulfilled essential infrastructure requirements of the therapy centre but has also



enhanced the team's capacity to reach a larger number of children more efficiently, including through home-based interventions. To improve the effectiveness and quality of therapy services, key physiotherapy equipment such as therapy mats, parallel bars, therapy balls, CP chairs, standing

frames, balance boards, and supportive seating aids etc. were procured. These resources are now being systematically used during therapy sessions to deliver structured interventions, ensuring safety, consistency, and measurable progress in the functional development of each child.

In parallel, specialized therapy kits were provided to CBRWs to strengthen home-based interventions. Each kit included essential materials such as resistance bands, soft balls, grip tools, sensory toys, positioning aids, and instructional flashcards, enabling them to deliver consistent, need-based therapy to children with Cerebral Palsy in their home environments. The availability of these portable tools has significantly improved both the reach and quality of care at the household level, ensuring continuity of therapy for children even after their weekly centre-based therapy sessions, while also empowering caregivers through hands-on guidance and practice.

- **Provision of centre-based and home-based physiotherapy sessions, tailored to individual child needs:**

As per the agreed implementation plan with Azim Premji Foundation, the project initiated weekly centre-based therapy (CBT) for each child, ensuring a minimum of four sessions per month during the initial six months. However, in response to the positive outcomes



observed and increased awareness among caregivers regarding the benefits of regular therapy, these services were continued consistently throughout the year. To ensure equitable access and efficient service delivery, a structured monthly calendar was developed, mapping child-wise schedules for both centre visits and home-based sessions. This approach not only ensured that all enrolled children received regular therapy but also helped in managing the workload of the Physiotherapist effectively.

In parallel, home-based therapy was systematically implemented, with each child scheduled to receive at least one session per week. Three Community-Based Rehabilitation Workers



(CBRWs) were assigned caseloads of 17, 17, and 16 children respectively, and conducted regular home visits. During these visits, CBRWs provided therapy support, caregiver counselling, and guidance on basic exercises to be

continued at home, thereby strengthening continuity of care. As per the project's monthly tracking system, a high level of adherence was observed- during five months of the year, over 92% of children attended four or more centre-based sessions, while in three months attendance remained above 70% and remaining two initial month below 30%. Similarly, for home-based therapy, seven months recorded coverage of 56% or more children receiving at least four sessions. The primary challenges affecting regularity were seasonal factors such as monsoons, festival periods, and temporary migration of children to relatives' homes. Despite

these constraints, the project demonstrated steady progress in ensuring regular and need-based therapy services for all enrolled children.

- **Facilitation of medical consultations and referrals, including support for corrective interventions where required:**

During the reporting period, all 50 enrolled children were facilitated to access medical consultations with qualified doctors at Duncan Hospital Raxaul, ensuring timely clinical assessment and guidance. Based on the severity of health needs and considering the financial vulnerability of families, 12 children were again supported for follow-up consultations at the same facility. A key emphasis was placed on caregiver involvement- parents, guardians were present during medical examinations, counselling sessions, and discussions with doctors to ensure clear understanding of the child's condition, recommended interventions, and follow-up care. This approach strengthened caregiver confidence and their ability to support ongoing therapy at home. During the reporting period, none of the children were advised for corrective surgery; however, continuous monitoring and referral support remain integral to the project to address any future medical needs.



- **Active engagement with frontline workers (ANMs, ASHAs, labour room nurses) to strengthen early identification and referral mechanisms:**



During the reporting period, the project successfully strengthened its engagement with the public health system by organizing two capacity-building programmes (4<sup>th</sup> December 2025 & 26<sup>th</sup> March 2026) for frontline health workers, including ASHAs, ANMs, Nurses, and Anganwadi Workers, at the PHC level. A total of 65 participants (57 female and 8 male)

(ANM- 11, ASHA/AF- 38, and AWW – 07) on 4<sup>th</sup> December 2025 and 61 (Male- 08, Female-53) (ANM- 11, ASHA/AF- 27, and AWW – 15) on 26<sup>th</sup> March 2026 attended these sessions. The primary objective was to enhance their capacity in early identification, prevention, and care of children with Cerebral Palsy (CP), while also introducing the SHINE project and its focus on early intervention. The sessions, facilitated by Dr. Rajeev Ranjan Kumar (Medical Officer In-Charge) Raxaul PHC in the presence of key health and development stakeholders, covered critical areas such as symptoms and causes of CP across antenatal, natal, and postnatal stages, identification of developmental delays in children (0–5 years), high-risk pregnancies, and the importance of early referral and physiotherapy.

As a result, participants demonstrated improved understanding of early warning signs, risk factors, and referral pathways. Frontline workers are now better equipped to identify high-risk children during home visits, counsel caregivers on early stimulation and home-based care, and promote essential preventive practices including antenatal care, safe delivery, immunization, and newborn care. This initiative has contributed to strengthening community-level surveillance and referral systems, thereby enhancing early intervention efforts and improving access to timely care for children with developmental delays.

In addition, a focused training session on the appropriate use and risks of misuse of oxytocin was incorporated into the training to address an important maternal and child health concern. Frontline health workers along with 24 Nurses posted in the labour room were sensitized on the dangers of unsupervised or irrational use of oxytocin during labour, which can lead to serious complications for both mother and newborn, including increased risk of birth asphyxia—a known contributor to conditions such as Cerebral Palsy. Emphasis was placed on promoting safe delivery practices, adherence to clinical protocols, and timely referral to equipped health facilities. This component further strengthened the capacity of participants to advocate for safer maternal care practices within the community and reduce preventable risk factors associated with developmental disabilities.

- Parents/ Caregiver monthly training and counselling to promote continuity of therapy at home:

Monthly training sessions for parents and caregivers of children with Cerebral Palsy have been conducted since April 2025 under the SHINE project implemented by Mashal, with a focus on strengthening home-based care and ensuring continuity of



therapy. The sessions covered key aspects such as understanding CP, correct positioning and handling, home-based exercises, feeding practices, activities of daily living, and prevention of secondary complications. Through practical demonstrations and interactive discussions, caregivers developed essential hands-on skills to support their children effectively.

As a result, there has been a noticeable increase in caregiver confidence and active participation in therapy, leading to improved adherence to prescribed exercises, better day-to-day care practices, and observable functional progress in children. The initiative has also contributed to enhanced caregiver awareness, reduced reliance on institutional support, and the creation of a more supportive and informed family environment. Additionally, during these sessions, caregivers of children showing significant improvement were encouraged to share their experiences, which served as a motivation and learning opportunity for other parents.

- Orientation to pregnant women and new couples:

A one-day awareness session on Cerebral Palsy (CP) on a half yearly basis was conducted, targeting newly married couples and pregnant women. A total of 44 participants (male- 16 and female 28) Pregnant women- 14, on 15<sup>th</sup> September 2025 & 29 participants (21 female and 8 male), including 13 pregnant women, on 9<sup>th</sup> January 2026 attended the session. The training focused on promoting safe pregnancy and delivery practices, early identification and prevention of CP, and the importance of timely medical consultation and therapy.



The session covered a comprehensive range of topics including the importance of proper nutrition, rest, and mental well-being during pregnancy; the need for regular antenatal check-ups and consultations with qualified doctors; safe and institutional delivery practices; and essential postnatal care for both mother and newborn. Participants were also oriented on avoiding unprescribed medications such as oxytocin, recognizing early signs of developmental delays and Cerebral Palsy, and understanding preventive measures such as immunization and infection control. In addition, the importance of early therapy interventions and strong family support in improving outcomes for children with CP was emphasized.

As a result, participants demonstrated improved awareness of preventive health practices, early warning signs of developmental delays, and the importance of seeking timely medical

support. The session also strengthened understanding of family roles in supporting early intervention, thereby contributing to reducing risk factors associated with Cerebral Palsy and promoting healthier outcomes for mothers and children.

- Organise recreation activity (therapeutic benefit) for selected children:

Recreation activities with therapeutic benefits were organized for 50 selected children with Cerebral Palsy (CP) and their parents to promote emotional well-being, social interaction, and



functional development. The sessions included simple games, group exercises, music, and fun-based movements tailored to the abilities of the children, ensuring active and inclusive participation. Parents were also encouraged to engage alongside their children, strengthening bonding and reinforcing therapy practices in a relaxed setting.

These activities contributed to reducing stress, improving mood, and enhancing confidence among children, while also supporting their physical coordination and communication skills. Additionally, caregivers benefited through peer interaction and emotional support, helping to reduce caregiver burden. Overall, the initiative complemented regular therapy by promoting holistic development and motivation among children and their families.

- Support to families in accessing disability certificates, entitlements, and government schemes: The project extended continuous support to families of children with Cerebral Palsy (CP) in accessing essential documents, entitlements, and government schemes, thereby promoting inclusion and social security. Through regular counselling, facilitation, and coordination with relevant authorities, caregivers were guided in obtaining key documents and linking with welfare benefits. As a result of these efforts, out of 50 enrolled children, 44 have obtained birth certificates, 41 Aadhaar cards, 35 UDID cards, and 32 have opened bank accounts. Additionally, 32 children have been linked to disability pension schemes, and 9 children have been enrolled in schools. These outcomes reflect improved access to rights, services, and institutional support systems, contributing to the overall well-being and inclusion of children and their families.

These interventions are also contributing towards long-term sustainability by strengthening the capacity of families and the community to independently access and avail government services. Increased awareness, improved documentation, and familiarity with processes have empowered

caregivers to take proactive steps beyond the project period. Furthermore, linkages with government systems and frontline workers are gradually creating an enabling environment where children with disabilities can continue to receive support and services, ensuring sustained impact at the community level.

2. Share your assessment of how the program is progressing towards planned goals/effects.
  - a. Summary of key effects (Interim and Final Effects) achieved till the reporting period including qualitative aspects as per the agreed Programme Design Sheet.

During the reporting period, the project has contributed to following early and interim effects:

- Improved access to early intervention services for 50 children with Cerebral Palsy through regular physiotherapy (centre and home-based).
- Enhanced caregiver capacity, with 50 parents demonstrating better understanding of positioning, feeding practices, and home-based exercises.
- Strengthened identification and referral systems, with enhanced capacity and increased involvement of ANMs, ASHAs, Nurses and health facility staff.
- Increased access to entitlements, including initiation of processes for disability certification and linkage to social protection schemes.
- Improvement in child-level outcomes, including early signs of progress in motor functions, muscle control, and social interaction.

While these are early-stage results, they indicate movement towards the project's intended long-term goal of improving quality of life and functional independence of children with disabilities.

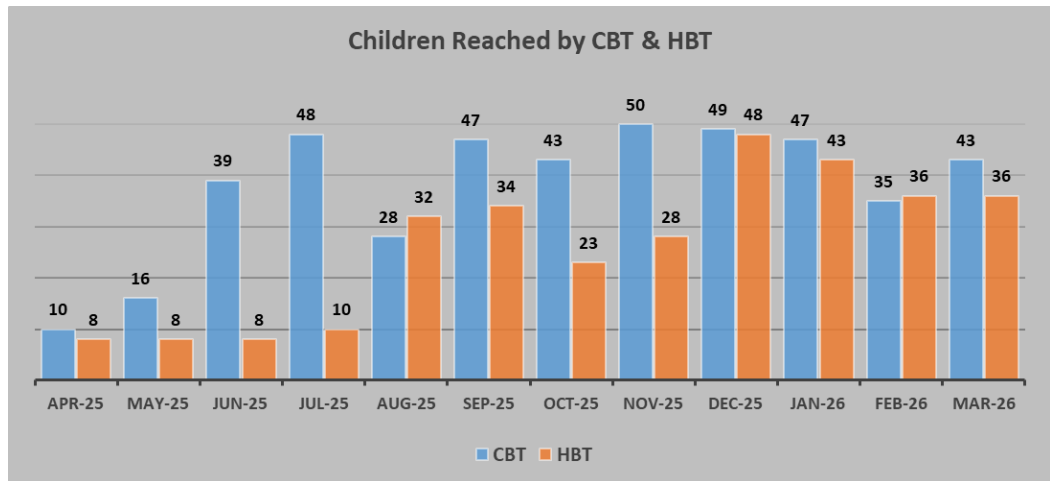
- b. Effects Planned vs. Achieved (Interim and Final Effects) during the reporting period. (Explain in brief, what worked and did not work, the challenges faced to achieve these outcomes, and any other details.

The project has made steady progress towards planned interim effects, particularly in establishing service delivery systems and initiating early intervention support.

What worked well:

- Strengthening of therapy infrastructure and service uptake: Equipping the physiotherapy centre in Raxaul with essential CP rehabilitation equipment significantly enhanced the quality and accessibility of therapy services. As a result, parents and caregivers developed a better understanding of the importance of regular therapy and demonstrated increased commitment in attending sessions consistently. This improved participation has positively contributed to the rehabilitation outcomes and functional progress of children with Cerebral Palsy.

- Effectiveness of therapy interventions: 256 sessions at Centre- and 249 sessions at home-based physiotherapy approaches proved highly effective, particularly for children with severe mobility limitations. While centre-based sessions ensured access to structured therapy and specialized equipment, home-based sessions enabled continuity of care in a familiar environment, leading to gradual improvements in mobility, posture, and daily functioning.



- Role of caregiver engagement: Active involvement and regular counselling of caregivers emerged as a critical success factor. Caregivers who received consistent guidance demonstrated better adherence to therapy routines, practiced exercises regularly at home, and showed increased confidence in handling their children, contributing to improved care and functional outcomes.

- Strengthened frontline collaboration: 02 Capacity building and engagement with frontline health workers significantly improved early identification and referral of children with developmental delays. Their enhanced understanding enabled timely detection, appropriate guidance to families, and better linkage of children to therapy and medical services at an early stage.
- Improved access to medical consultation: All 50 identified children were facilitated to access medical consultations with certified doctors at Duncan Hospital Raxaul. This was particularly significant as many children had rarely accessed specialized medical care earlier. The intervention ensured timely clinical assessment, appropriate guidance to caregivers, and strengthened linkage with formal healthcare services.

Challenges faced:

- Irregular follow-up in a few cases due to their visits to their maternal parents.
- Limited access to specialized medical services in nearby areas, causing delays in referrals and interventions

Response to challenges:

- Increased focus on community awareness and counselling.
- Strengthened follow-up mechanisms through home visits.
- Continued efforts to build linkages with higher-level health facilities.

Overall, while some challenges remain, the project is on track in achieving its planned interim outcomes, with important lessons informing ongoing implementation.

- c. Articulate the means of verification of activities (e.g. registers, photographs) and how you are tracking and monitoring the progress.

The project has established a systematic approach for tracking progress and ensuring accountability. Key tools and processes include:

- Baseline and child assessment formats to capture initial functional status and needs.
- Individual therapy plans and session registers to track frequency and type of interventions in excel.
- Home visit records documenting caregiver engagement and follow-up actions in excel.
- MIS database capturing child-wise progress, service utilization, and referral tracking in excel.
- Photographic documentation and case studies to capture qualitative progress and success stories.
- Registers for meetings and trainings with caregivers and frontline workers.

- Periodic review meetings with project staff to assess progress, identify gaps, and plan corrective actions.

This combination of quantitative tracking and qualitative documentation ensures that the program progress is regularly monitored and aligned with planned objectives.

3. For the current reporting year of the grant, are there any significant changes made to the programme and budget? Please share the reasons behind the changes made.

During the current reporting year, there have been no significant changes to the overall programme design or implementation strategy.

4. For the next reporting year of the grant, are there plans to make significant changes to the programme and budget? Please share the reasons behind the changes proposed.

For the next reporting year, no major changes are proposed in the overall programme design, as the current approach is yielding positive results. However, minor budget adjustments are planned to improve implementation efficiency. The Travel Allowance (TA) for staff will be increased from ₹800 to ₹1,600 to better support field-level activities, and this additional cost will be covered through interest earned from bank and fixed deposits, without impacting the core budget.

Underspent-

Additionally, certain budget lines remained underutilized during the reporting period. An amount of ₹1,50,000 allocated for corrective surgeries was not utilized, as no child was medically recommended for such procedures. Similarly, ₹57,000 under the assets head was not spent, considering future maintenance needs.

5. What were the challenges, (Organisational, programmatic, Financial) if any? How did you handle these? Is there any leadership change in the organization going forward? What is your plan for actively building second-line leadership?

### **3. END OF GRANT REPORTING PERIOD**

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1. What has the program achieved, through the grant period?

During the first year of the grant period (April 2025 to March 2026), the SHINE project successfully established a foundational framework for supporting children with Cerebral Palsy (CP) in the

Raxaul block. The program has achieved significant milestones across operational setup, direct service delivery, and systemic integration:

#### Operational & Infrastructure Setup

**Specialized Team:** Successfully recruited and trained six key staff members, including a Physiotherapist, three Community-Based Rehabilitation Workers (CBRWs), a Coordinator, and a Senior Nurse Consultant.

**Facility & Field Readiness:** Fully equipped the Raxaul Therapy Centre with specialized tools (CP chairs, parallel bars, etc.) and provided CBRWs with portable therapy kits for consistent home-based care.

#### Clinical Services & Attendance

**High Adherence:** Maintained over 92% attendance for centre-based therapy for eight months of the year.

**Medical Coverage:** 100% of enrolled children (50) received clinical assessments at Duncan Hospital; 12 children with severe needs received follow-up consultations.

#### Capacity Building & Prevention

**Systemic Training:** Trained 126 frontline health workers (ASHAs, ANMs, AWWs) on early identification and referral.

**Safe Delivery Advocacy:** Sensitized 24 labour room nurses on preventing birth asphyxia and oriented 29 pregnant women/newlyweds on safe pregnancy and CP prevention.

**Caregiver Empowerment:** Conducted monthly training for 50 parents, improving home-based exercise adherence and handling techniques.

#### Social Inclusion & Entitlements:

The program successfully secured essential documentation and linkages for the enrolled children:

**Identity & Rights:** Obtained 42 birth certificates, 36 Aadhaar cards, and 28 UDID cards.

**Financial & Educational Support:** Facilitated 29 bank accounts, linked 25 children to disability pensions, and enrolled 7 children in formal schools.

2. Reflect on the overall effect of the grant – on the community as well as the blocks/neighborhoods you operate in. What has changed? Summarize the effects and what gives us confidence that the effects have been achieved.

The SHINE project has brought a significant shift in the approach to disability care in Raxaul block by transitioning from limited access to specialized services to a structured, community-based support system across the intervention 21- villages. The project has empowered 50 families by strengthening their capacity to manage home-based therapy and actively seek services and entitlements for their children, reducing dependence on external support. Increased awareness and regular engagement have led to improved care practices, early identification, and better health-seeking behaviour at the household level.

At the community and system level, the training of 126 frontline health workers and sensitization of labour room staff on safe delivery practices have strengthened the local health system's capacity for early detection, referral, and prevention of disabilities. The observed improvements in caregiver practices, increased uptake of therapy and medical services, and stronger linkages with government systems, schemes & benefits provide confidence that the project is achieving its intended effects and contributing to sustainable, community-level change.

3. Share your assessment of any concerns/challenges about overall program implementation.

While the overall implementation of the programme has progressed well, a few challenges were encountered during the reporting period. Regularity in both centre-based and home-based therapy sessions was occasionally affected due to seasonal factors such as monsoons, festival periods, and temporary migration of families. In addition, initial low awareness and social stigma around disability in some communities led to delays in early identification and consistent follow-up. Caregivers' competing priorities and economic constraints also impacted adherence in a few cases. Further, limited access to nearby specialized medical services posed challenges for timely referrals. However, continuous community engagement, counselling, and strengthened follow-up mechanisms have helped mitigate these challenges, and efforts are ongoing to address them more effectively in the coming period.

4. Describe your future plans based on the work done under this programme.

Building on the progress achieved under the current programme, the organisation plans to further strengthen and expand its interventions for children with Cerebral Palsy in the coming year. With the continued support of Azim Premji Foundation, the project aims to scale its outreach to an additional 50 children (0–8 years), thereby doubling its impact. The focus will remain on providing comprehensive services including physiotherapy, caregiver capacity building, early identification, and linkage to healthcare and government systems. This expansion reflects the effectiveness of the current model and reinforces the commitment to ensuring inclusive and sustained support for children with disabilities and their families.

#### 4. STORIES OF CHANGE

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1. Share any stories of change at the individual (target group), community, or system levels (*share annexures or links*)

##### **From Dependency to Determination – Pawan Kumar’s Journey**

Pawan Kumar, a young child from Raxaul, comes from a family facing significant financial



constraints, where accessing specialized care and regular medical support was a major challenge. At the time of enrolment, he was unable to sit, stand, or walk independently, and his communication abilities were very limited. His caregiver, Poonam Devi, like many families in similar situations, lacked awareness, guidance and resources on how to support his development.

With the support of the SHINE project funded by Azim Premji Foundation implemented by Mashal, Pawan received regular physiotherapy sessions complemented by structured parent training. His caregiver was guided on home-based exercises, proper positioning, and daily care practices, ensuring that therapy continued beyond the centre. In addition, the project facilitated medical consultations to address his overall well-being.

Over the course of one year, Pawan has shown encouraging progress. He has developed improved mobility, with better control in sitting and standing, and his communication has become more responsive. Alongside these physical improvements, his confidence has grown, allowing him to engage more actively with his surroundings.

The transformation extends beyond Pawan. His family is now more informed, confident, and actively involved in his care, while the community’s perception has also shifted towards greater acceptance and support. Pawan’s journey highlights how consistent intervention, caregiver empowerment, and holistic support can bring meaningful and lasting change in the lives of children with disabilities.

## A Journey of Hope and Progress – Nabujan Devan

Nabujan Devan, a 7-year-old child from Raxaul, comes from a modest family where limited financial resources once made access to proper care and support extremely difficult. Living with his family father, mother Sajma Khatun, and 3 siblings, Nabujan's early years were marked by significant physical and developmental challenges. He was unable to sit or stand independently and had very limited communication abilities, making daily life difficult for both him and his family.

With the support of the SHINE project, Nabujan began receiving regular physiotherapy sessions along with structured home-based interventions. His mother was actively trained and supported to continue therapy practices at home, ensuring consistency in care. The project also facilitated medical consultations and supported the family in obtaining a disability certificate and accessing relevant government schemes like pension.



Over the course of one year, a remarkable transformation has been observed. Nabujan has developed improved ability to sit and stand with support, his communication has become more responsive, and he now attends school regularly. Alongside physical improvements, there has been a visible increase in his confidence and engagement with others.

Equally important has been the change within the family and community. Nabujan's mother is now more confident and capable in managing his care, and the family feels empowered rather than dependent. Community attitudes have also shifted positively, with greater acceptance and encouragement for Nabujan's inclusion.

Nabujan's journey is a powerful reminder that with timely intervention, consistent support, and caregiver empowerment, children with Cerebral Palsy can achieve meaningful progress and lead more inclusive lives.

## **Pawan Kumar- Stepping Towards Possibility**

Pawan Kumar, an 8-year-old boy from Raxaul in East Champaran district, lives with his parents and 02 brothers in a family with limited means. In the early years, his developmental challenges placed a significant strain on the family, both emotionally and financially, as they struggled to find appropriate care and guidance.

At the time of his enrolment in the SHINE project supported by Azim Premji Foundation, implemented by Mashal, Pawan had restricted movement on his left side and was unable to stand or walk independently. His ability to communicate was also limited, making everyday interactions difficult. The family had little awareness of available interventions and often felt isolated due to prevailing social attitudes in the community.



Through consistent engagement, Pawan began receiving regular physiotherapy at the centre along with follow-up support at home. His mother was guided on simple, practical exercises and daily care techniques, enabling her to actively support his progress. The project also facilitated access to medical consultations and assisted the family in securing key documents and connecting with government support systems.

Gradually, encouraging changes began to emerge. Pawan is now able to stand with assistance and take a few steps, showing improved balance and control. He has started using his affected hand for basic activities and engages more with his surroundings. His ability to communicate has improved, allowing him to express his needs more clearly. He is now attending school, marking an important step towards inclusion.

The change is equally visible within the family. His parents are now more assured and capable in supporting his needs, and their outlook has become more hopeful. The community, too, has begun to respond with greater understanding and acceptance, creating a more supportive environment for Pawan.

Pawan's progress reflects how sustained support, informed caregiving, and access to services can gradually open new possibilities for children with developmental challenges, while also strengthening the resilience of families and communities.

## Afrina Khatun - A Journey Towards First Steps and New Beginnings

Afrina Khatun, a young girl from Ekderwa village in Raxaul, began her journey under the SHINE project at a very early stage of life. Her family, led by her mother Robina Khatun, faced considerable stress and uncertainty as Afrina struggled with basic developmental milestones such as sitting, walking, and speaking. With limited awareness and resources, the family found it difficult to understand her condition and seek appropriate support.



With the intervention of the SHINE project supported by Azim Premji Foundation, implemented by Mashal, Afrina started receiving regular physiotherapy sessions tailored to her needs. Consistent home visits were conducted to train her caregiver on simple exercises and daily care practices, ensuring that therapy continued within the home environment. The project also facilitated medical consultations and supported the family in initiating the process for obtaining a disability certificate.

Over the course of one year, Afrina has shown remarkable progress. She is now able to walk independently, a milestone that once seemed distant for her family. Her communication has also improved, allowing her to express herself more effectively and interact with those around her. Alongside these developments, a visible increase in her confidence and activity level has been observed.

The impact extends beyond Afrina. Her family is now more hopeful, informed, and actively engaged in her development. The community, too, has begun to respond with greater sensitivity and acceptance, creating a more encouraging environment for her growth.

Afrina's journey highlights how early intervention, consistent support, and caregiver involvement can transform the developmental trajectory of a child, offering not just progress, but a renewed sense of hope for the entire family.

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