



IMPACT ASSESSMENT REPORT

Comprehensive Education and Rehabilitation Services for people with Deafblindness (Db) and Multiple Disabilities (MD)

Project Number: 10467

15th May 2022 – 14th August 2023



Impact assessment study partner

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List of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
ALIMCO	Artificial Limbs Manufacturing Corporation
ASHA	Accredited Social Health Activist
CBR	Community Based Rehabilitation
CP	Cerebral Palsy
CRPD	Convention on the Rights of Persons with Disabilities
CSR	Corporate Social Responsibility
DAC	Development Assistance Committee
Db	Deafblindness
DDRC	District Disability Rehabilitation Centre
FGD	Focus Group Discussion
IDD	Intellectual and Developmental Disabilities
IDI	In-Depth Interview
IEP	Individualised Education Plan
INR	Indian Rupee
IQ	Intelligence Quotient
KII	Key Informant Interview
MD	Multiple Disabilities
MIS	Management Information System
MoU	Memorandum of Understanding
MPVSS	Madhya Pradesh Viklang Sahayata Samiti
NAB	National Association for the Blind
NGO	Non-Governmental Organisation
NSSO	National Sample Survey Office

OECD	Organisation for Economic Cooperation and Development
PGSS	Purvanchal Gramin Seva Samiti
POCSO	Protection of Children from Sexual Offences
PwD	Person with Disability
RPwD	Rights of Persons with Disabilities
SDG	Sustainable Development Goal
SII	Sense International India
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
SRHR	Sexual and Reproductive Health Rights
TLM	Teaching Learning Materials
UDID	Unique Disability Identity
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organisation



BACKGROUND

1. Background

1.1 CSR at Bajaj Finserv Group Companies

The Bajaj Group has been consistently contributing to the community and views CSR as a fundamental corporate value. Its social impact initiatives demonstrate a steadfast dedication to society. Bajaj Finserv is committed to shaping a brighter future for the next generation of India, particularly focusing on children and youth. The company strategically directs its social investments towards areas such as skilling, child education, child health, child protection, and inclusion for persons with disabilities. It collaborates with various non-profit organisations, government bodies, hospitals, institutions, and training partners to execute programs and implement grassroots interventions.

The organisation recognises the limited job market opportunities for individuals with disabilities, including those with intellectual and developmental challenges such as autism, Down syndrome, and cerebral palsy. In collaboration with partners, the organisation designs and implements skill development programs that cater to the unique needs of these individuals. These programs provide training in enterprise-based and employability-focused skills. Bajaj FinServ has facilitated the recruitment of Persons with Disabilities (PwDs) within Bajaj offices to empower them to generate income and enhance their economic independence. A total of 10,152 individuals have benefited from this program.¹

The organisation's focus is on the well-being of PwDs by facilitating their inclusion in mainstream society. It addresses various challenges, including intellectual, developmental, physical, and locomotor disabilities, with an emphasis on early identification, intervention, and counselling to provide support from the earliest stage possible. Specific interventions include:

- **Early rehabilitation:** This initiative focuses on the early detection of disabilities and provides timely intervention and counselling. The organisation works with healthcare professionals, social workers, and community organisations to identify PwDs and families needing support. A total of 1,814 individuals benefited from this intervention.
- **Educational rehabilitation:** The organisation supports special schools, inclusive education initiatives, and vocational training programs to empower PwDs through education tailored to their needs and abilities. A total of 8,567 individuals benefited from this intervention.
- **Medical rehabilitation:** This intervention focuses on providing assistance in obtaining aids and appliances to mitigate the effects of disabilities and improve the quality of life. A total of 3,080 individuals benefited from this intervention.
- **Community rehabilitation:** These programs offer therapies, counselling, educational support, medical aids, and employment opportunities at the community

¹ Bajaj Finserv Limited, 'Annual Report on Corporate Social Responsibility Activities 2022-23', Pune: Bajaj Finserv Corporate Communications, 2023.

level. The organisation works with local organisations and community leaders to create inclusive, supportive environments for PwDs. A total of 81,774 individuals benefited from this intervention.

- **Residential homes:** The organisation offers housing solutions for individuals with Intellectual and Developmental Disabilities (IDD), addressing concerns about their future after the passing of their parents. The organisation works with families and caregivers to ensure a smooth transition and provide ongoing support. A total of 3,686 individuals benefited from this intervention.
- **Infrastructure development:** This initiative supports the renovation and construction of facilities to enhance accessibility and accommodate the needs of PwDs. A total of 1,515 individuals benefited from this intervention.

1.2 Scope of work

Thinkthrough Consulting, as the impact assessment study partner for Bajaj Finserv Group Companies' CSR initiatives, conducted the impact assessment of the project titled 'Comprehensive Education and Rehabilitation Services for people with Deafblindness (Db) and Multiple Disabilities (MD)' implemented by Sense International India, as the study partner for Bajaj Finserv Group Companies' CSR initiatives. The purpose of this assessment was to evaluate the relevance, effectiveness, efficiency, coherence, sustainability, and overall impact of the project.

The impact assessment for the project was undertaken for the period 15th May 2022 to 14th August 2023.

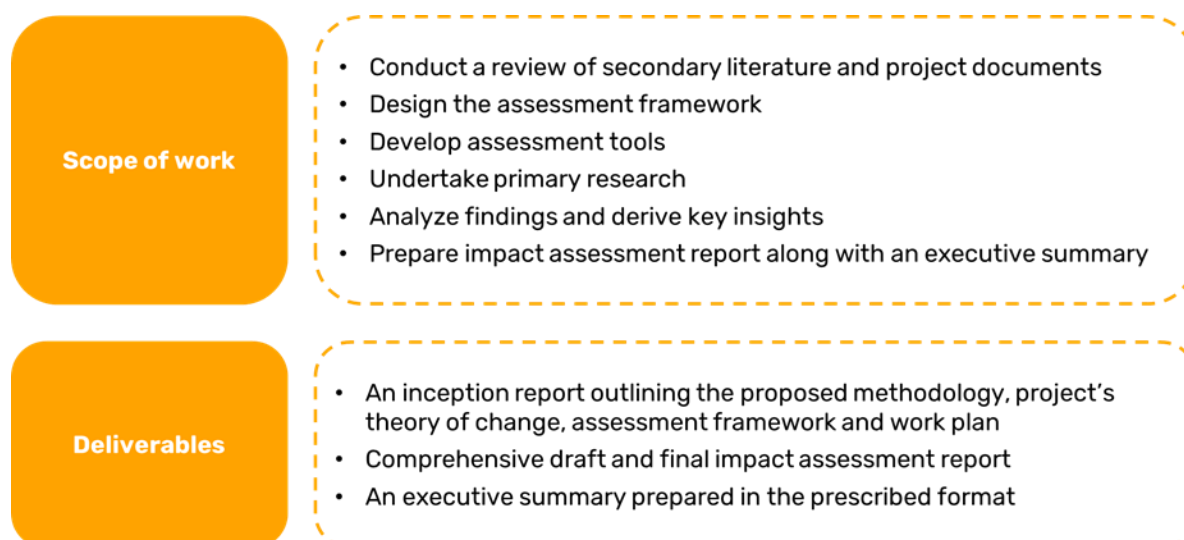


Figure 1: Scope of work

2. Project background

This section provides information about the project, including the context, focus areas of the project and key project activities.

2.1 Context

Deafblindness and multiple disabilities (Db/MD) encompass a spectrum of complex impairments arising from combined losses of vision, hearing, and other functional domains. These limitations manifest early in life and can affect communication, mobility, cognition, social interaction, and self-care. Individuals with Db/MD often experience delayed developmental milestones or a lack of function across one or more of the following domains:

- Sensory perception (vision and hearing)
- Motor skills (gross and fine motor performance)
- Cognition (learning, memory, problem-solving)
- Communication (speech, language, alternative communication methods)
- Behavioural and social interaction skills

The causes of Db/MD is multifactorial and may include:²

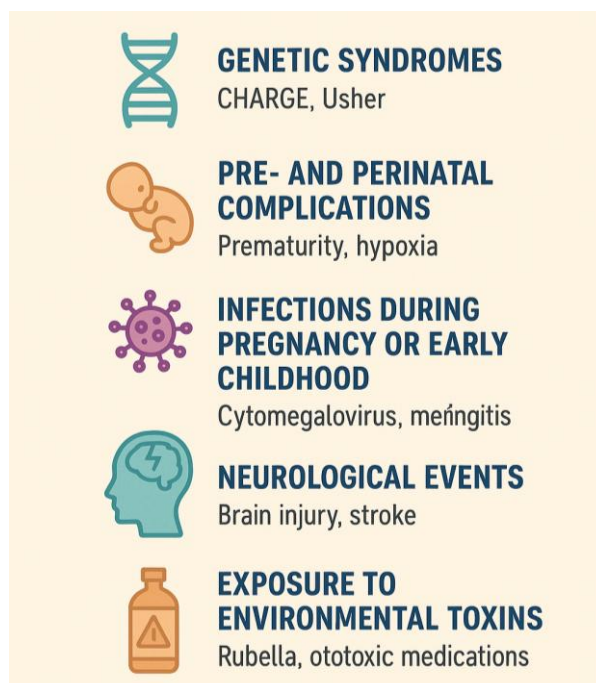


Figure 2: Key causes of deafblindness/multiple disabilities

It is estimated that genetic factors account for up to 60% of congenital cases of deafblindness, while 20% result from perinatal causes and the remainder emerge from postnatal infections or unknown origins. Early identification and intervention are

² [Deafblindness Overview | National Centre on Deafblindness.](#)

critical, as children with Db/MD require coordinated, multisensory rehabilitation strategies to build communication pathways, develop mobility skills, and foster social inclusion.

According to the World Health Organisation (WHO), over 5 million children worldwide are estimated to be deafblind, while an additional 10 million young people live with combined vision and hearing impairments that place them at risk of functional deafblindness. Global initiatives such as the World Health Assembly's resolution on the prevention of deafness and hearing loss, and the UN Convention on the Rights of Persons with Disabilities (CRPD), highlight the need for accessible education, assistive technologies, and community-based rehabilitation for individuals with complex sensory impairments. Despite international recognition and policy frameworks, access to comprehensive education and rehabilitation services for people with Db/MD remains severely limited, particularly in low-resource settings, creating significant gaps in service delivery that require targeted interventions.

In India, estimates of people with deafblindness/dual sensory impairment vary and are limited by data gaps; peer-reviewed and NGO reports suggest the figure is in the hundreds of thousands rather than a single precise national figure. NSSO reporting describes high rates of severe/profound hearing loss (291 per 100,000 in earlier NSS rounds), while specialized reviews and organisations estimate between ~350,000 and ~552,000 people living with combined vision and hearing loss.³

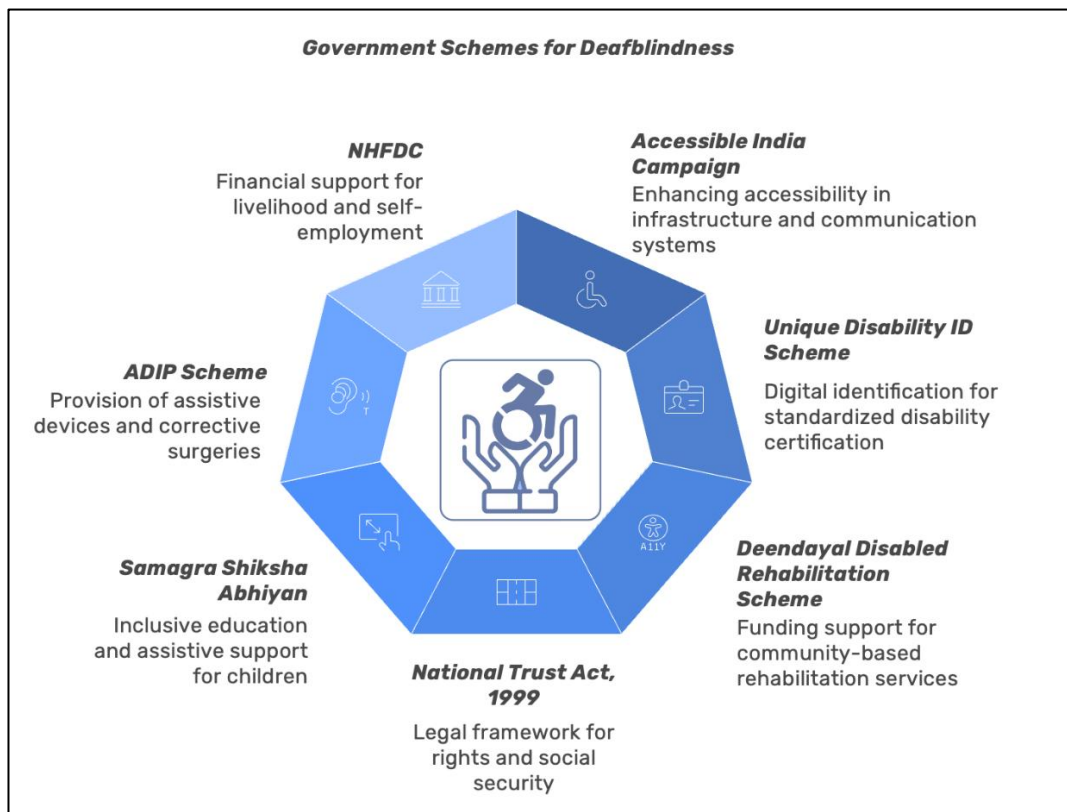


Figure 3: Types of government schemes available

³ [National programme for prevention and control of deafness](#)

2.2 About the project

The project's overarching objective was to establish and effectively operate specialised centres - Deafblind State Centres and Deafblind units – that cater to the special needs of children with Db and MD through centre-based and home-based services.⁴ The project focused on ensuring that identified children receive a comprehensive range of services, including medical care, early intervention, therapy, education, and rehabilitation support. The geographic scope and partner NGO organisations for the work of Sense International India are as follows:

Table 1: List of NGOs that partnered with the SII

State	Districts Covered	Partner NGO(s)
Maharashtra	Nashik, Dhule, Shrirampur, Solapur	National Association for the Blind (NAB)
	Navi Mumbai	Sahayogini Palak Sanstha
Madhya Pradesh	Bhopal, Sehore	Digdarshika Institute of Rehabilitation and Research
	Ujjain	Madhya Pradesh Viklang Sahayta Samiti (MPVSS)
Uttar Pradesh	Maharajganj, Siddharthnagar	Purvanchal Gramin Seva Samiti (PGSS)

Sense International India, a trust established in 1997 to provide comprehensive education and rehabilitation services for people with deafblindness, has developed a collaborative partnership model. Through corporate social responsibility funding from Bajaj General Insurance Limited, Sense International India implemented the **"Comprehensive Education and Rehabilitation Services for people with Deafblindness (Db) and Multiple Disabilities"** project.

The intervention addressed the needs of children and young adults with deafblindness (Db) and multiple disabilities (MD) through an integrated set of evidence-based services spanning all age groups, aligned with international best practices.⁵

- **Early Intervention (0–6 years):** 59 children received structured therapies, home-based parent training, individualised support for activities of daily living (eating, grooming, personal care), and IEP-based learning plans adapted for early childhood.

⁴ Sense International India, "Comprehensive Education and Rehabilitation Services for people with Deafblindness (Db) and Multiple Disabilities: Project Activity Report (15th May 2022 - 14th August 2023)," Project ID 10476.

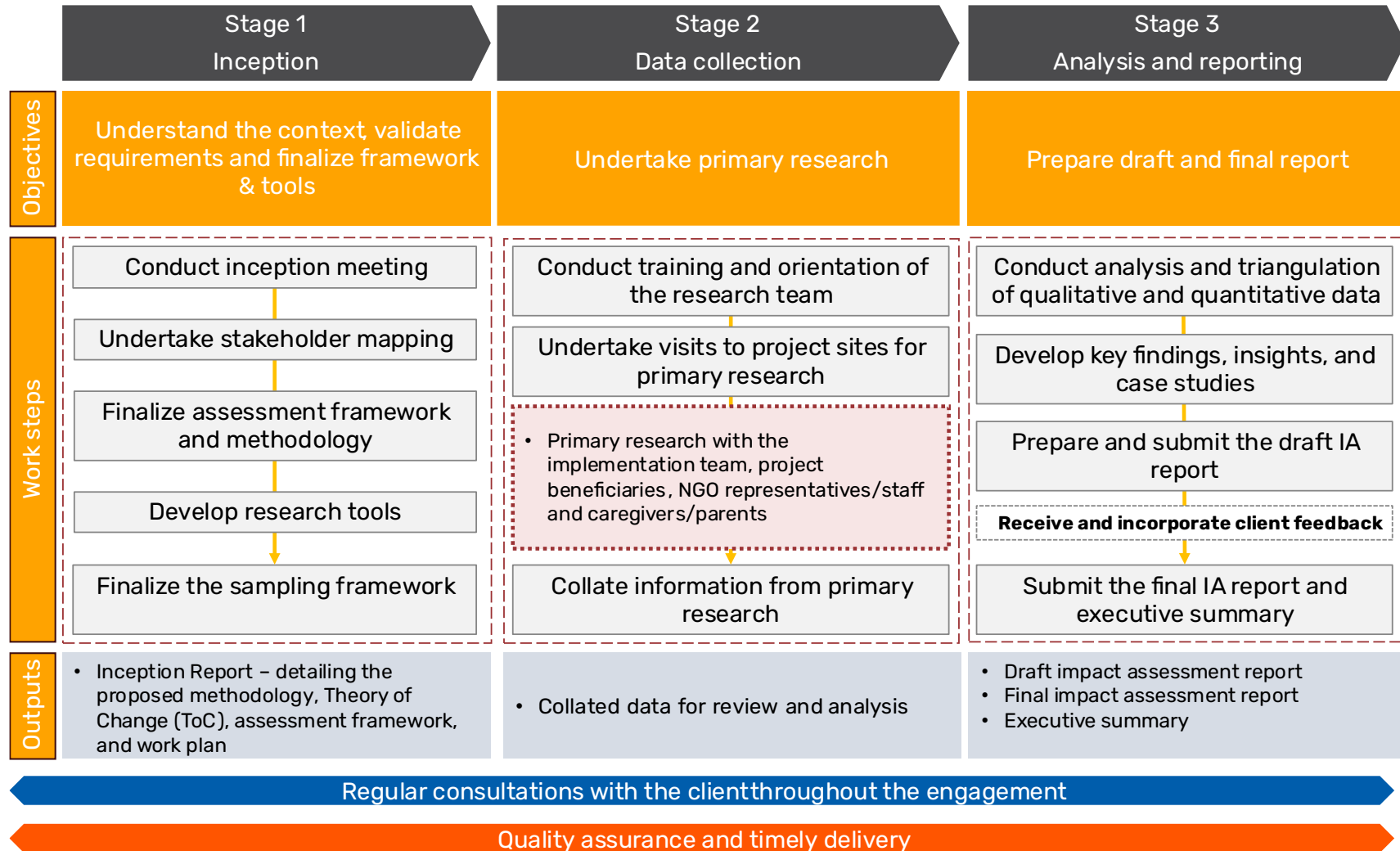
⁵ Sense International India, "Comprehensive Education and Rehabilitation Services for people with Deafblindness (Db) and Multiple Disabilities: Project Activity Report (15th May 2022 - 14th August 2023)," Project ID 10476.

- **Education (6–18 years):** 319 children benefited from specialised education programmes guided by IEPs, supported in mainstream schools, and equipped with assistive devices to enhance learning access and communication.
- **Vocational Training and Livelihoods (18+ years):** 153 young adults were engaged in pre-vocational and vocational training in trades such as paper bag making, file-folder production, tie-dye, wall hangings, and block printing. Ten young adults received seed funding to initiate micro-enterprises.
- **Cross-cutting Interventions (all age groups):**
 - **Individualised Education Plans (IEPs):** Tailored plans guided learning and skill-building for children and young adults across all stages.
 - **Assistive devices & medical support:** Provision of spectacles, hearing aids, mobility aids, Braille kits, and medical care for conditions such as epilepsy.
 - **Nutritional support:** Special dietary supplements ensured improved health and resilience.
 - **Capacity building:** Training for 745 family members and 180 special educators (government and NGO), complemented by 12 on-site mentoring visits and 2 regional training programmes, strengthened family-led and institutional support.

This multi-dimensional approach ensured continuity of care across life stages, enabling children and young adults with Db/MD to access therapy, education, vocational skills, and family-supported rehabilitation as part of a cohesive system.

2.2.1 Methodology and sampling plan

A brief overview of the methodology followed for conducting the impact assessment study is illustrated below.



2.2.2 Detailed work steps

Inception and Scoping

The assessment commenced with an inception meeting between Thinkthrough Consulting and the Bajaj CSR team to align on objectives, evaluation questions, deliverables, timelines, roles, and site selection. A subsequent meeting was held with Sense International to understand the project design, delivery modalities (centre- and home-based), partner operating models, and the wider stakeholder ecosystem including caregivers, adults with Db/MD, NGO partners, and network members. These interactions helped the team establish clarity on Bajaj’s CSR objectives, Sense International’s approach, and the overall expectations from the study.

Document Review and Secondary Research

A comprehensive desk review was undertaken to situate the project within the broader Db/MD landscape. The review included project documents such as the MoU, activity reports, beneficiary lists, training calendars, mentoring and monitoring visit records, network event notes, and utilisation certificates. In addition, national disability frameworks and policy documents covering inclusive education, social protection, and welfare linkages were studied to place the intervention in a wider context.

Finalisation of Framework and Tools

Following the review of project documents and secondary literature, the assessment framework and research tools were designed and finalized in consultation with the Bajaj team. The framework served as a guiding tool for gathering information from primary and secondary research, conducting analysis, and developing recommendations and the way forward.

Primary Research

For primary research, Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), In-depth Interviews (IDIs) and checklist were employed with relevant stakeholders. An overview of these techniques, along with the corresponding sample coverage, is presented below.

Type of interaction	Number conducted	Stakeholders
Key Informant Interviews (KIIs)	7	Project leadership, NGO staff, network members
In-Depth Interviews (IDIs)	8	Caregivers, parents, adults with Db/MD
Focus Group Discussion (FGD)	1	Founders of Sahayogini and Sense technical team
Checklist	1	NGO partner – Sahayogini Palak Sanstha

Analysis and reporting

The information collected from primary research was analysed to assess the results and

achievements, gauging the project's impact on the beneficiaries' lives. This data, gathered was further triangulated to strengthen the analysis of the project's impact. The report includes project data collected during the study, supported with facts and figures from various sources, including global and government-level standards. This provides context by positioning the project's achievements within the broader framework of global and government standards.

Furthermore, the report presents an analysis of insights and findings from field visits and stakeholder interactions, focusing on the project's relevance, coherence, effectiveness, efficiency, impact, and sustainability in line with the OECD-DAC assessment criteria.

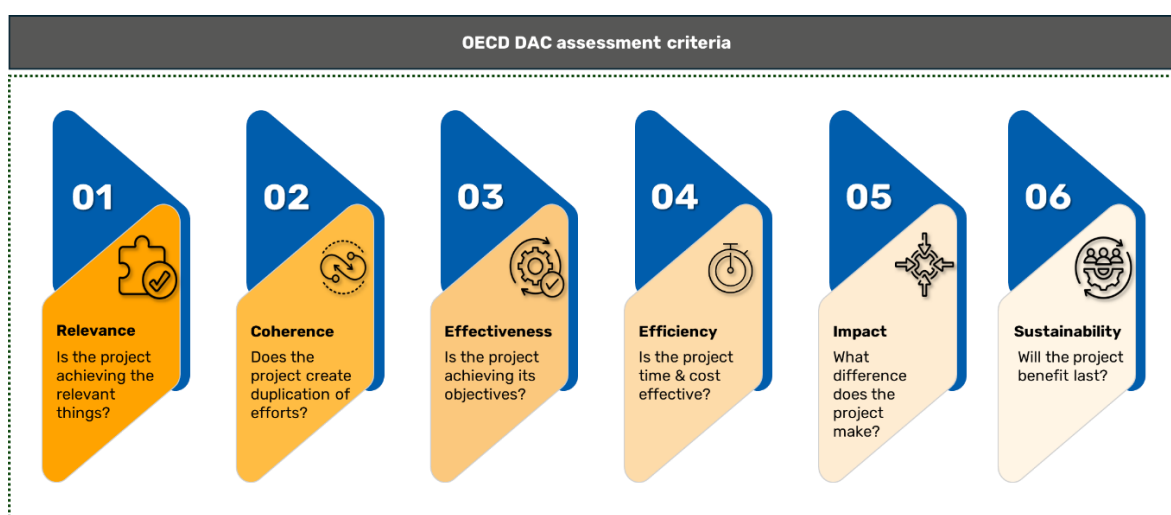


Figure 4: Overview of the approach followed for analysis and reporting

Reporting and Validation

The findings were structured according to DAC criteria and the project's theory of change, with site-specific insights included. Recommendations were shared to strengthen delivery, including expansion of interpreter pools, standardisation of IEP templates and review processes, protocols for device follow-up and replacement, structured caregiver home programmes, and stronger vocational transition supports. A draft report was circulated, feedback was incorporated, and the final report with an executive summary was submitted.

2.2.3 Study limitations

- The IA report presents our views based on the completeness and accuracy of the facts provided in the written materials shared with TTC, along with any included assumptions. The accuracy and completeness of these facts have a significant impact on our conclusions.
- Our views are not binding on any statutory, regulatory, or executive authority or Court. Hence, no assurance is given that a position contrary to the opinions expressed herein will not be asserted by any authority and/or sustained by an appellate authority or a Court of law.
- Our assessment of the project is based on information and explanations provided by the implementation team. Neither TTC nor its employees take

responsibility for errors in this report resulting from incorrect or incomplete information shared by the implementation team.


- While field visits were completed, interactions with some beneficiaries depended on availability, and in certain cases, support from the implementation team was required to facilitate access.
- Given the communication barriers inherent to working with children and adults with both Db and MD, direct engagement with all beneficiaries was not always feasible. To ensure accurate data collection, we relied on sign-language interpreters (with support from the Sense International India team) and, where required, on parents or primary caregivers to convey the perspectives and experiences of the beneficiaries.
- The assessment also relied on information and documents provided by the implementation partners; independent verification of all records was not feasible, and any inaccuracies may affect conclusions.

3. Impact assessment study findings

3.1 Respondent profile

Fieldwork covered fifteen interactions across key stakeholder groups. These included six project beneficiaries, four trainers representing therapy, special education, SRH, and physiotherapy, founders at Sahayogini Palak Sanstha, the NGO board secretary, and members of Sense International’s team.

Further, the following is the profile of project beneficiaries covered during the field visit.

<p>Beneficiary Persona</p> 	<p>Age range: Beneficiaries in the age range of 8–34 years were covered</p> <p>Disabilities covered: Cerebral palsy, autism with ADHD, learning disability, hearing loss, intellectual disability, combined Db/MD</p> <p>Household profile: ₹3,000–15,000 per month household income;</p> <p>Location & access: Residents of Navi Mumbai/Thane</p> <p>Services availed: Physiotherapy, occupational therapy, speech therapy, early intervention and special education, remedial education, life skills and vocational training, caregiver training, and livelihood support.</p>
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3.1.1 Beneficiary distribution

During the project period, the intervention reached **531 direct beneficiaries**, i.e., **children and adults with deafblindness and multiple disabilities** who directly received specialised services. Of these, 181 also received assistive and developmental devices such as wheelchairs, low-vision spectacles, hearing aids, Braille kits, CP chairs, multisensory kits, walkers, canes, and orthoses. In contrast, **1,197 indirect beneficiaries** were engaged through **capacity-building and sensitisation activities**. This group included 745 caregivers and parents trained on daily-living support and communication methods, 180 teachers and rehabilitation professionals equipped through workshops and mentoring, 173 community health workers (Anganwadi and ASHA) sensitised on identification and referral, and 99 medical/paramedical professionals and students oriented on clinical assessment and referral pathways.

Table 2: Beneficiary Distribution – Direct, Indirect, and Assistive Device Recipients (May 2022–Aug 2023)⁶

Category	Number of Beneficiaries	Details
Direct Beneficiaries	531	Children and adults with Db/MD receiving services

⁶ Sense International India, "Comprehensive Education and Rehabilitation Services for people with Deafblindness (Db) and Multiple Disabilities: Progress Report," Project Number 10476, Period: May 15, 2022 - August 14, 2023.

Category	Number of Beneficiaries	Details
Assistive Device Recipients	181 (included in the direct beneficiaries)	Mobility aids, low-vision devices, hearing aids, braille kits, CP chairs, multisensory kits
Indirect Beneficiaries	1,197	Caregivers, teachers, rehab professionals, health workers, medical/paramedical students

Direct beneficiaries (primary target group)

Among the planned services, certain gaps were observed. In the early intervention group (0–6 years), only 59 children were reached against the target of 87, reflecting a shortfall of about 32 percent. According to the Sense International India team, this gap was primarily due to challenges in early identification and disruptions in early screening during the COVID-19 pandemic. In the vocational training group (18+ years), 153 adults participated against the planned target of 161, reflecting a shortfall of about 5 percent. Conversely, in the 6–18 years age group, the coverage exceeded the target, with 319 beneficiaries reached against the planned 263.

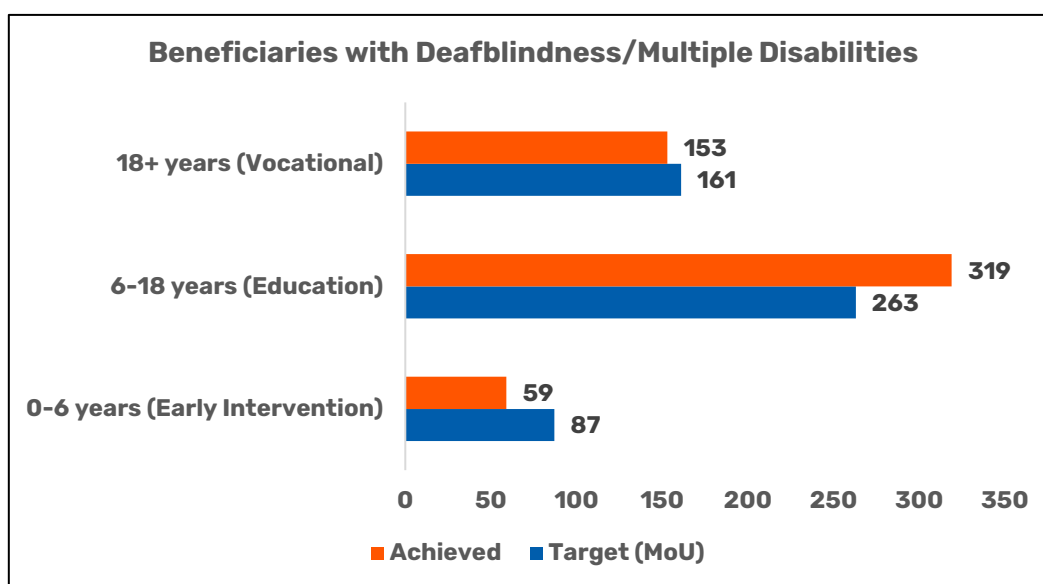


Figure 5: Target and achievement - direct project beneficiaries

Indirect beneficiaries (support ecosystem)

The project strengthened capacities across stakeholder groups, reaching **745 caregivers and family members** (including training in communication, therapy, daily living skills, sign language, and deafblindness), **180 educators and professionals** (government and NGO staff trained through mentoring and structured programmes), **173 community health workers** (Anganwadi and ASHA workers sensitised for early identification and referral), and **99 medical/paramedical professionals** (trained on assessment and referral protocols to improve medical support systems).⁷

⁷ Sense International India, "Comprehensive Education and Rehabilitation Services for people with Deafblindness (Db) and Multiple Disabilities: Progress Report," Project Number 10476, Period: May 15, 2022 - August 14, 2023.

Indirect Beneficiaries in Support Ecosystem

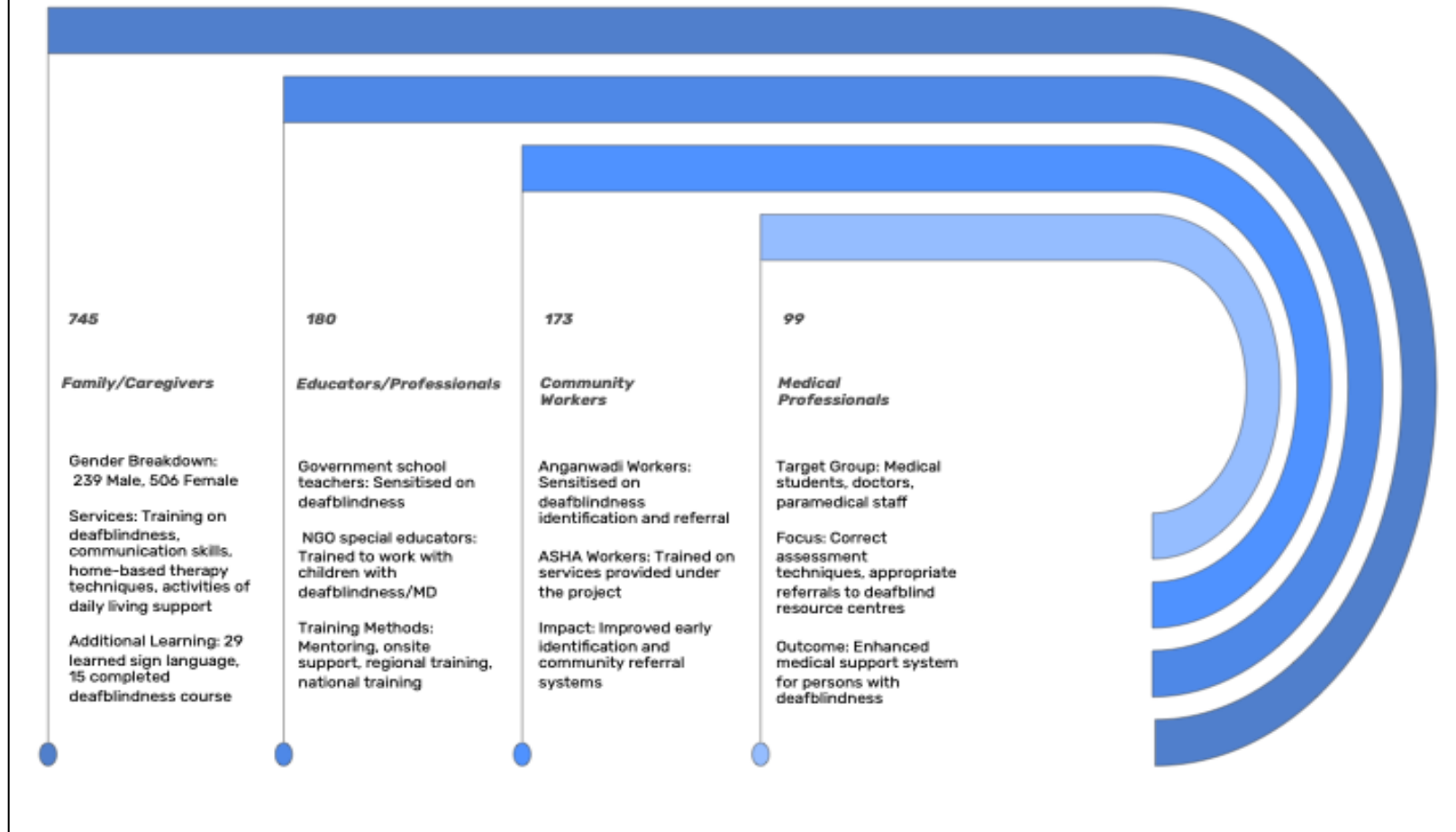


Figure 6: Indirect beneficiaries overview

3.1.2 Geographical location

The project was implemented across three states - Maharashtra, Madhya Pradesh, and Uttar Pradesh, through a network of specialised partner organisations. This partnership ensured that services reached both urban and semi-urban communities, addressing regional disparities in access to rehabilitation and education for children and adults with deafblindness.⁸

In **Maharashtra**, four operational centres created the state's largest service base. The National Association for the Blind managed centres in Nashik (74 beneficiaries) and Dhule (54 beneficiaries), while units in Shrirampur (59 beneficiaries) and Solapur (74 beneficiaries) further extended reach. Sahayogini Palak Sanstha in Navi Mumbai added another 76 beneficiaries, strengthening coverage across the state.

In **Madhya Pradesh**, the Madhya Pradesh Viklang Sahayata Samiti in Ujjain served the largest single group of 103 individuals. Additional services came from the Digidarshika Institute in Bhopal (23 beneficiaries) and Sehore (18 beneficiaries), creating a balanced mix of urban and semi-urban outreach.

In **Uttar Pradesh**, Purvanchal Gramin Seva Samiti worked in the eastern districts, supporting 26 beneficiaries in Maharajganj and 24 in Siddharthnagar.

Together, these partnerships built a robust network that ensured children and adults with deafblindness had equitable access to specialised services across three states, regardless of their geographical location.

3.1.3 Type of Condition

The project mainly worked with children and adults who had deafblindness along with other disabilities. Many beneficiaries also had conditions such as learning disabilities, hearing impairments, cerebral palsy, autism, intellectual disabilities, or a combination of multiple challenges affecting different parts of the body.

Because of these complex needs, they required different kinds of support at the same time, such as help with communication, movement, learning, and daily activities. Sense International India focused on reaching these highly vulnerable groups, making sure they received the right care and opportunities to improve their quality of life.

3.2 Project Relevance

This section outlines how Sense's interventions for individuals with deafblindness and multiple disabilities are aligned with both global frameworks and national commitments. It evaluates the extent to which these interventions address the specific needs of project beneficiaries.

3.2.1 Alignment with Global Goals

Globally, over one billion individuals—about 15% of the world's population—live with some form of disability, with an even higher prevalence in low- and middle-income countries.⁹ People with disabilities routinely face greater challenges in education,

⁸ Sense International India, "Comprehensive Education and Rehabilitation Services for people with Deafblindness (Db) and Multiple Disabilities: Progress Report," Project Number 10476, Period: May 15, 2022 - August 14, 2023.



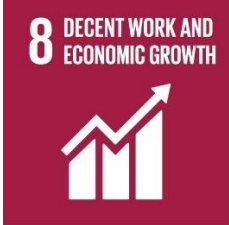
⁹ World Health Organization & World Bank. *World Report on Disability*. 2011.

healthcare, employment, and social participation, and experience higher rates of poverty and exclusion.¹⁰

Children and adults with deafblindness and multiple disabilities are particularly at risk of marginalisation. They frequently encounter inaccessible physical environments, inadequate specialised services, social isolation, and persistent stigma that limit their potential. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), to which India is a signatory, affirms the right of all persons with disabilities to full inclusion, participation, and access to all aspects of community life.¹¹

The 2030 Agenda for Sustainable Development (SDGs) provides explicit mandates for disability inclusion, with several targets referencing the need to “leave no one behind.” Notably, SDG 4 (Quality Education), SDG 8 (Decent Work and Economic Growth), SDG 10 (Reduced Inequalities), and SDG 11 (Sustainable Cities and Communities) call for the empowerment and inclusion of persons with disabilities, supporting access to education, employment opportunities, and accessible environments.¹²



Table 3: Project relevance with SDG 2030 Agenda (detailed)

UN SDG Goal	Alignment of project intervention
<p>Goal 3: Good Health and Well-Being</p> 	<p>Goal: Ensure healthy lives and promote well-being for all at all ages.</p> <p>Alignment: The project provided recurrent medical and nutritional support, therapy services (physiotherapy, occupational therapy, speech therapy), and 318 clinical assessments. These efforts strengthened universal health coverage, reduced illness, and promoted mental health through targeted trainings and sessions.</p>
<p>Goal 4: Quality Education</p> 	<p>Goal: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.</p> <p>Alignment: Early identification, clinical assessments, individual education plans, and both centre-based and home-based instruction ensured access to inclusive education. Linkages with mainstream schools and caregiver training further supported learning and participation.</p>
<p>Goal 8: Decent Work and Economic Growth</p> 	<p>Goal: Promote sustained, inclusive economic growth, full and productive employment, and decent work for all.</p> <p>Alignment: Vocational training and livelihood activities, such as the Roti Kitchen project and tailoring support, help adult beneficiaries and caregivers acquire employable skills and earn income. The intervention creates pathways to</p>

¹⁰ World Health Organization. *Disability and health*. Fact sheet. 2023

¹¹ United Nations. *Convention on the Rights of Persons with Disabilities (CRPD)*. 2006.

¹² United Nations. *Disability and the 2030 Agenda for Sustainable Development*.

UN SDG Goal	Alignment of project intervention
	work and economic independence for families traditionally excluded from the workforce.
<p data-bbox="317 387 673 414">Goal 10: Reduced Inequalities</p> 	<p data-bbox="810 342 1289 405">Goal: Reduce inequality within and among countries.</p> <p data-bbox="810 456 1355 712">Alignment: Sense International India improved service access for low-income and marginalized families by subsidizing therapy, transport, and capacity-building activities. The centre also supported disability certification and access to government entitlements, helping reduce the social and economic exclusion faced by beneficiaries and their families.</p>
<p data-bbox="288 779 703 806">Goal 17: Partnerships for the Goals</p> 	<p data-bbox="810 750 1345 835">Goal: Strengthen the means of implementation and revitalize the global partnership for sustainable development.</p> <p data-bbox="810 882 1350 1106">Alignment: Collaboration with Sense International, Helen Keller Institute, other NGOs, and CSR partners enables multi-stakeholder approaches for funding, technical training, and advocacy. The project leverages diverse partnerships to scale up quality support, share best practices, and amplify its impact for the deafblind community.</p>

3.2.2 Alignment with national goals

The project is well aligned with India’s disability rights framework and complements key government policies and schemes. Its focus on education, skill development, assistive devices, family support, and inclusion ensures that services for persons with deafblindness and multiple disabilities fit within national priorities.

Rights of Persons with Disabilities (RPwD) Act, 2016

The RPwD Act guarantees dignity, equal opportunities, and access to education and employment for persons with disabilities. The project contributes by:

- **Education:** Providing early intervention for children (0–6 years) and school support for 263 children (6–18 years) aligns with the Act’s commitment to ensuring free and compulsory education.
- **Employment:** Offering vocational training for 161 young adults, in line with the Act’s provisions to promote skill development and livelihood opportunities.

National Trust Act, 1999

This law focuses on persons with multiple disabilities and their families. The project supports its vision by:

- Serving persons with Db/MD, cerebral palsy, and autism.
- Training 730 families to provide home-based care.
- Enabling independent living through vocational skills and livelihood activities.

National Action Plan for Skill Development of Persons with Disabilities (2015)

The project's vocational component complements this initiative by:

- Training 161 young adults with disabilities in market-relevant trades.
- Building functional skills such as handling money, time, and basic numeracy.
- Supporting employment-oriented training in paper products, textiles, and printing.

Accessible India Campaign (Sugamya Bharat Abhiyan)

The campaign aims to make spaces, communication, and transport accessible. The project contributes by:

- Promoting sign language and inclusive communication methods.
- Providing mobility training and exposure visits for persons with Db/MD.

3.2.3 Health inequities in Deafblindness and Multiple Disabilities

Individuals living with multiple disabilities and blindness experience pronounced health inequities, both globally and within the Indian context. These inequities arise due to a combination of limited early identification, inadequate access to specialised healthcare and rehabilitation, social stigma, and chronic gaps in the continuum of care.

Children and adults with deafblindness or multiple disabilities are often at a higher risk for poor health outcomes.¹³ Barriers include a lack of accessible healthcare facilities, insufficiently trained providers, and the absence of standardised therapy and rehabilitation protocols. For many families, especially those from low-income backgrounds, out-of-pocket costs for transport, medications, assistive devices, or incidental therapies can be significant, further widening the gap in service utilisation.

Compounding these challenges, individuals with sensory and complex disabilities are more likely to face discrimination or a lack of understanding within the health system. Delayed or inaccurate diagnosis can lead to inappropriate interventions, missed opportunities for early support, and a greater burden of preventable secondary complications (such as contractures, malnutrition, or untreated comorbidities).



"Before joining Sahayogini, we struggled a lot - nobody in the school knew how to support our son. With regular sessions, we learned practical ways to help him at home, and the teachers started using new techniques in class. Now, he tries writing tasks more willingly and is more confident speaking up. This support not only changed his progress, but it also changed how others understood him."

-Parent of a beneficiary (from field interview)

In India, existing health and disability data systems often undercount or misclassify people with multiple disabilities and blindness, resulting in their needs being overlooked

¹³ World Health Organization, 'Global Action Plan on Disability 2014-2021', Geneva: WHO Press, 2014.

in mainstream health initiatives. Integration between medical, therapeutic, and social services remains fragmented, leading to inconsistent follow-up and missed referrals for vision, hearing, or functional assessments.

Bridging these health inequities requires an approach that is not only disability-inclusive but also intersectional, accounting for the impacts of poverty, gender, geography, and social exclusion. Sahayogini's work, facilitated by Sense International, provides accessible, family-centred therapy, facilitates disability certification and entitlements, and empowers parents, acting as a vital counterbalance to prevailing inequities. However, broader systemic reforms and capacity-building within mainstream healthcare remain necessary to ensure long-term equity for this vulnerable population.

3.3 Project Coherence

According to the OECD-DAC framework, coherence assesses both **internal fit** (how project components reinforce each other) and **external alignment** (how the intervention complements broader national and sectoral strategies).

Internal Coherence

The project demonstrates strong internal coherence through:

- **Multi-sectoral integration:** By combining health, education, social welfare, and livelihood support, the project mirrors the holistic needs of persons with deafblindness and aligns with the cross-cutting design of national disability policies.
- **Age-continuum services:** Coverage from early intervention (0–6 years) to vocational training (18+) ensures continuity, reducing service fragmentation and supporting transition-to-adulthood priorities under the National Education Policy and Skill Development Mission.
- **Family-centred approach:** Training 730 families ensures home-based continuity of care, directly reinforcing institutional services and addressing a gap highlighted in government reviews of disability programmes.

External Coherence

The project complements and strengthens national and sectoral priorities by:

- **Health sector:** Its therapeutic and medical support services extend the reach of the Ministry of Health disability interventions, particularly in underserved districts.
- **Education sector:** Teacher training and inclusive learning directly reinforce Samagra Shiksha's inclusive education mandate.
- **Skill development sector:** Vocational training for 161 youth contributes to the National Action Plan for Skill Development of Persons with Disabilities, ensuring employability and independence of persons with Db and MD.

Policy Gaps Addressed

While aligning with national priorities, the project also fills critical gaps:

- **Deafblindness specificity:** National policies address visual and hearing impairments separately but lack dedicated provisions for combined sensory loss. This project is among the few to systematically serve persons with deafblindness and multiple disabilities, complementing government action.
- **Rural-urban balance:** By covering both urban hubs (Navi Mumbai, Bhopal) and rural districts (Maharajganj, Siddharthnagar), the project addresses the uneven rural outreach in disability policy implementation.
- **Family and community systems:** National frameworks emphasise family support but often under-resource it; the project’s structured family training directly fills this gap.

3.4 Project Effectiveness

This section explores the effectiveness of the project and its key achievements, as reported during the study.

3.4.1. Sources of outreach for Sense International India

As shown in the figure below, Sense International India uses a multi-channel referral system to reach potential beneficiaries and their families across its nationwide network of 80,000+ persons with deafblindness.

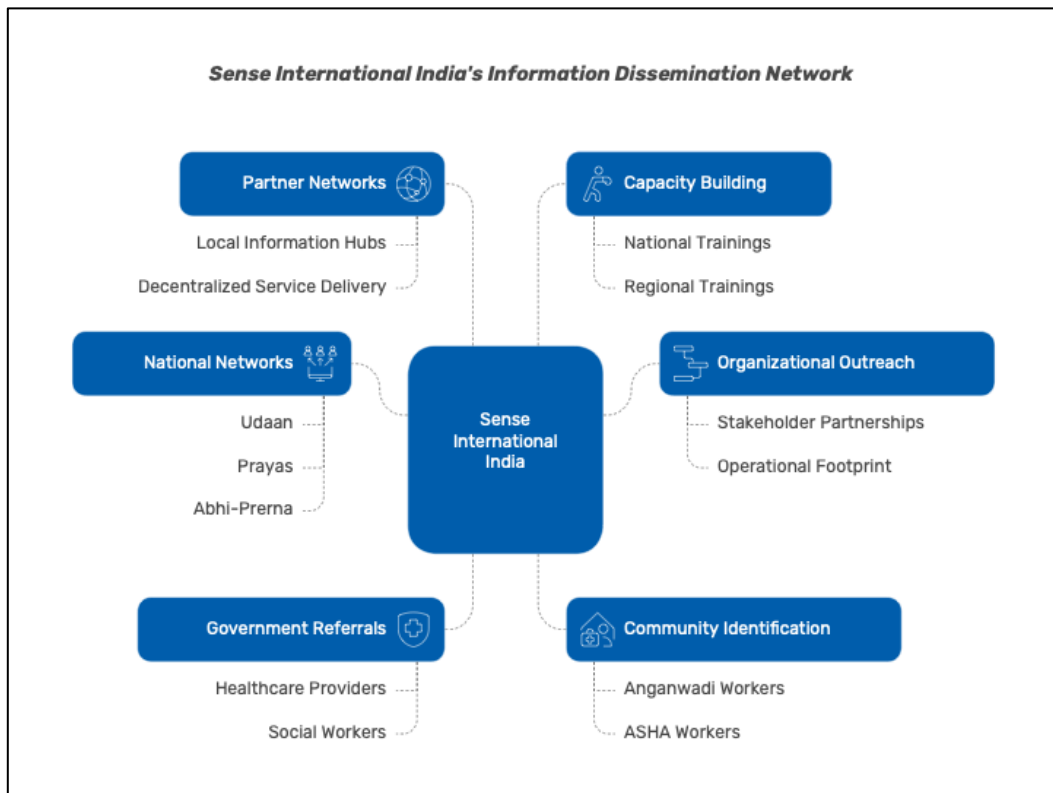


Figure 7: Referral pathways of Sense International India

The organisation draws beneficiaries through the following key sources:

- **Government & Healthcare Referrals** – Doctors, social workers, and officials identify children with sensory impairments and connect families to specialised services.

- **Community-Based Identification** – Anganwadi and ASHA workers detect early signs of disability at the grassroots and facilitate timely referrals.
- **Partner Organisations** – A network of 7 NGOs across 10 districts supports outreach and identified 221 new individuals during the project period.
- **National Networks** – Udaan (adults), Prayas (families), and Abhi-Prerna (educators) enable peer-to-peer sharing and community referrals.
- **Training Programs** – Capacity-building for 745 caregivers and educators has created a multiplier effect, as trained individuals share knowledge and identify new cases.

Sahayogini's referral sources reflect its position as a local implementation partner within the broader Sense International India network.

The majority of families learned about Sahayogini services through direct referrals from the Sense India network, followed by local community networks and word-of-mouth referrals from existing beneficiary families. A smaller proportion access services through educational institution partnerships and government scheme linkages where Sahayogini facilitates access to assistive devices through DDRC, Samagra Shiksha, and ALIMCO.

The high proportion of direct Sense India referrals indicates the effectiveness of the organization's partner network model, while community-based referrals demonstrate Sahayogini's established reputation within the local disability community in Navi Mumbai. This referral pattern suggests that information about specialized deafblind services often spreads through trusted networks of families and professionals who understand the unique needs of this population.

3.4.2 Type of services provided

Sense International India, through partnerships with seven NGOs across ten districts in Maharashtra, Madhya Pradesh, and Uttar Pradesh, provides comprehensive support to individuals with deafblindness and multiple disabilities through seven core service categories as shown in the figure below:



Figure 8: Service delivery model of SII

Clinical and functional assessment

Before providing any intervention, the organisation begins with systematic assessments to identify each individual's abilities, challenges, and support needs. These evaluations help design customised intervention plans and form the basis for tracking progress. During the project assessment period (15th May 2022 to 14th August 2023), the organisation completed 318 clinical and functional assessments, including:

- 126 vision assessments to determine functional vision capabilities and assistive device requirements
- 67 hearing assessments for audiological evaluation and communication planning
- 41 IQ assessments to evaluate cognitive abilities and learning potential
- 84 multiple assessments for individuals with complex needs requiring comprehensive evaluation

These assessments form the foundation for Individualised Education Plans (IEPs) that guide service delivery and measure progress over time.

Therapeutic and rehabilitation services

Alongside assessments, the project provided continuous therapeutic and rehabilitation support to address health gaps, improve daily functioning, and promote independence for persons with deafblindness and multiple disabilities. Key interventions included:

- Regular need-based therapy services were delivered to 130 individuals, including physiotherapy, occupational therapy, and speech therapy tailored to individual functional needs.
- Medical support was provided to 80 children and adults from low-income families, addressing healthcare gaps that often affect persons with disabilities.

- Nutritional support was extended to 307 beneficiaries from economically disadvantaged backgrounds, recognising the link between nutrition and developmental outcomes.
- Distribution of 181 assistive and developmental devices based on individual assessments and needs. These devices improved functional abilities in communication, mobility, and daily living activities, representing a critical intervention for enhancing independence.

Educational and developmental services

Early Intervention Programs (Ages 0-6)

- Centre-based services focusing on developmental milestones, basic communication skills, and school readiness activities
- Home-based intervention for families unable to access centre-based services regularly
- Assessment and therapy programs, including activities of daily living such as brushing and eating skills

School-Age Educational Support (Ages 6-18)

- Individualised Education Plans encompassing personal care skills, motor development, and academic subjects, adapted to individual capabilities
- Inclusive education facilitation supporting integration into mainstream educational settings
- Specialised educational interventions for children with complex communication and learning needs

Income generation activity support to adults (Ages 18+)

- Pre-vocational and vocational training provided to 153 adults with Db and MD, focusing on employable skills and workplace readiness
- Income generation support through seed funding of INR 25,000 each to 10 adults, enabling them to start independent income-generating activities
- Independent living skills training promoting autonomy and community integration

Social Participation

- 10 exposure visits/outings conducted with 419 participants (including caregivers), promoting social interaction and community participation
- Group activities designed to develop social skills and peer relationships
- Cultural and recreational programs that provide opportunities for leisure and personal development
- The organisation facilitated access to 216 government documents, including disability certificates and Unique Disability ID (UDID) cards, improving financial and social security for beneficiaries.

Family and Caregiver Support

- Sensitisation and training of 745 caregivers/parents on supporting their children's development
- Sign language training was provided to 29 caregivers, improving communication between family members and individuals with hearing impairments
- Capacity-building sessions on gender, sexuality, and rights awareness for families

Professional Development and Network Building

- Partnerships with 7 NGOs across 10 locations, expanding service reach and local expertise
- Capacity enhancement of 59 project staff through training, mentoring, and technical support
- National Training on Project Management (3 days) and Regional Trainings (two 5-day programs) for partner organisations.
- On-site training visits and mentoring support to ensure quality service delivery
- 3-day National Training on Gender and Sexuality with 22 participants, addressing critical knowledge gaps in supporting adolescents and adults with Db/MD
- Ongoing support for implementing home-based interventions and maintaining therapeutic gains

Network Mobilization

- National network operations through Udaan (adults), Prayas (families), and Abhi-Prerna (educators)
- 2 national conclaves and 4 regional conclaves providing platforms for peer learning and advocacy
- Network member capacity building on mental health, sexual and reproductive health rights (SRHR), and advocacy skills

Sahayogini Palak Sanstha-

As a partner of Sense International India, Sahayogini delivers the full service model locally, structured around early intervention (0–6 years), education (6–18 years), and vocational training (18+ years). A central feature across all three age groups is the use of Individualised Education Plans (IEPs), which document goals, interventions, and progress for every beneficiary, ensuring continuity of care from early childhood through adulthood.

Early Intervention (0–6 years)

- IEPs guide developmental milestones, therapy goals, and home-based activities for parents.

- Centre-based sessions focus on early communication, motor skills, and activities of daily living.
- Families receive training to continue stimulation and therapy at home.

Education (6–18 years)

- Daily centre-based sessions (6+ hours) and home-based visits (twice weekly) address academic, functional, and personal care skills.
- IEPs outline personalised learning objectives, communication methods, and inclusion plans for mainstream schools.
- Partnerships with local schools, such as Vidhyadeep Sanstha, support inclusive education.

Vocational Training (18+ years)

- Training focuses on employable skills such as agarbatti making, paper crafts, food production (e.g., 350 rotis daily supplied to a local orphanage).
- IEPs set targets for vocational readiness, independence, and life skills.
- Selected adults receive seed support to initiate micro-enterprises.

Therapeutic and Assessment Services

- Annual clinical and functional assessments across 22 developmental domains feed into IEP reviews.
- Regular therapies include speech (30 minutes weekly), physiotherapy, and occupational therapy.
- Assistive devices are facilitated through DDRC, ALIMCO, and Samagra Shiksha linkages along with assistance in securing UDID cards and disability certificates.

Family and Community Support

- Parent training and sign language sessions enhance communication and caregiving capacity.
- Community outreach ensures awareness and smooth integration of beneficiaries in local services.

Monitoring and Quality Assurance

- Services are tracked using Project Monitoring Checklists, where Sahayogini scored 76 in 2022–2023 and 81 in 2023–2024 across 30 indicators.¹⁴

For more details on the Organisational Capacity Index (OCI), please refer to section [5.4 Organisational Capacity Index\(OCI\)](#)

¹⁴ OCI Scoring Sheet (2022–2024) shared by Sense International India

3.4.3 Service delivery model and frequency

Sense International India employs a multi-modal service delivery approach designed to maximise accessibility and effectiveness for individuals with deafblindness and multiple disabilities.¹⁵ As illustrated in the figure below, the organisation utilises both centre-based and home-based models, with service frequency tailored to individual needs and circumstances.






Characteristic	Centre-based Services	Home-based Services
 Delivery Approach	Structured Facility-based Programs	Community and Family-centered
 Intervention Focus	Comprehensive daily interventions	Targeted interventions
 Program Examples	Early intervention, education, vocational training, therapy	Family consultation, caregiver training, home therapy, rehabilitation
 Service Model	Intensive service provision	Flexible intervention approach
 Key Benefits	Coordinated teams, peer interaction, specialized equipment, consistent relationships	Culturally appropriate, family training, community integration

Figure 9: Comparison of Centre-based and Home-based Services

Centre-based services

Centres in 10 districts delivered daily, intensive support. Staff followed personalised plans with measurable goals aligned to each beneficiary's IEP.

- **Education:** 378 children (ages 0–18) received IEP-guided instruction in communication, adaptive skills, multisensory learning, and assistive technology for curriculum and daily life activities.¹⁶
- **Vocational training:** 153 adults received pre-vocational and vocational training, including independent living skills. Ten adults started micro-enterprises with seed funding and guidance on procurement, customer interaction, and sales.
- **Therapeutic support:** 130 beneficiaries accessed physiotherapy, occupational therapy, and speech therapy through centre and outreach sessions. The

¹⁵ Sense International India. (2022). Comprehensive education and rehabilitation services for people with deafblindness (Db) and multiple disabilities: Activity report (15th May 2022 to 31st Dec. 2022)

¹⁶ Sense International India. (2024). Comprehensive Education and Rehabilitation Services for People with Deafblindness (Db) and Multiple Disabilities: Project Number 10467 – Activity Report.

program provided 181 assistive and developmental devices to enhance functional independence.

Home-based services

The home-based program supported beneficiaries who could not attend centres regularly due to distance, health, or social barriers. Each participant received services guided by their IEP.

- **Direct support at home:** Educators and therapists delivered tailored sessions in education, therapy, and vocational routines, embedding skills into daily life.
- **Family support:** Teams offered personalized consultations, low-cost home adaptations, and strategies to reinforce goals between visits.
- **Caregiver training:** 745 caregivers were trained in therapy carryover, communication methods, daily living skills, behaviour support, and advocacy, thereby strengthening family capacity.
- **Community linkages:** The program facilitated 216 government benefits, including disability certificates, pensions, travel concessions, and health insurance, reducing financial barriers to services and devices.

The integration of intensive centre-based interventions with flexible home-based support created a consistent continuum of care. IEPs guided all activities, ensuring alignment across goals, teaching strategies, and therapy plans. This approach increased functional communication, improved motor skills, expanded independent living, and promoted dignified community participation.

Section:1: General Information

Name of the child: KIRTI NAIK Date Of Birth: 09/12/1995

Sex: female Age: 27

Brief profile of the child highlighting the strengths: (in 10-15 sentences)
 Kirti is a bright student and cheerful. She loves to interact with people and makes every efforts to communicate through sign language, body language facial expression. Kirti communicate well with student and teachers. She works well in group setting and makes many contribution to the group. She follows direction well, and always puts her best effort into classroom assignment. She understand the concept of all vocational activities. Kirti demonstrates superior work in vocational activities. She loves outing, shopping and parties.

1. **Date of developing IEP:** 01/April /2022
2. **Person(s) Responsible to implement the IEP:** Parent and Special educator
3. **Language used for communicating with child:** Hindi, English, Marathi
4. **IEP Team Members:**

Sl. No	Name	Role of the member
1.	Project coordinator (VIKAS DUBAY)	Check and review the IEP
2.	Parent (KALAYANI NAIK)	Discussion with teacher about the goals and follow-up the activities at home
3.	Special Educator (PRIYANKA SARAK)	Take the goals according to the needs of student
4.	Therapist	Discuss with teacher about the child's OP, PT, ST goals
5.	Child (KIRTI NAIK)	She should be in the centre during all plan

5. **Brief description about the family background (i.e. Education and occupation of parents and number of siblings)**
 Fathers name : Bhupendra naik
 Education : 10th pass
 Occupation : Interior designer
 Mother name : Kalayani naik
 Education : 5th pass
 Occupation : House wife
6. **Brief description about the child's behaviour, likes and dislikes, things that can be used as reinforcements and education/therapy given till now and his sensory issues (if any)?**

Figure 10: Sample IEP file of one of the project beneficiaries

3.5 Project Efficiency

3.5.1 Fund Utilisation and Distribution

The breakup of fund as per the fund utilization certificate shared by the Sense International India team is as follows;

- Total project value as per the MoU: ₹277.27 lakhs
- Primary Funding: ₹250 lakhs from Bajaj General Insurance Limited
- Co-funding: ₹25.96 lakhs from partner NGOs + ₹1.30 lakhs from other donors
- Utilisation Rate: 99.97% - demonstrating that sanctioned funds were almost fully utilized, with only a marginal underspend.

Detailed partner allocation

The ₹1,79,94,400 budget was allocated across seven partner organisations in ten districts, with higher funding for State Centres managing multiple districts and focused allocations for single-district Units.

Table 4: Budget allocated, and services focused on each partner NGO¹⁷

S. no.	Partner Organization	Districts Covered	Budget Allocated	Service Focus
1	NAB Nashik	Nashik, Dhule	39,00,000	Deafblind State Centre - Maharashtra
2	NAB Shrirampur	Shrirampur	21,19,200	Deafblind Unit
3	NAB Solapur	Solapur	21,19,200	Deafblind Unit
4	Sahayogini Palak Sanstha	Navi Mumbai	18,96,000	Deafblind Unit
5	PGSS	Maharajganj, Siddharthnagar	30,91,200	Deafblind State Centre - Uttar Pradesh
6	MPVSS	Ujjain	23,04,800	Deafblind State Centre - Madhya Pradesh
7	Digdarshika	Bhopal, Sehore	25,64,000	Deafblind Unit

¹⁷ Data shared by Sense International India

S. no.	Partner Organization	Districts Covered	Budget Allocated	Service Focus
TOTAL	7 Partners	10 Districts	1,79,94,400	Comprehensive Coverage

The project allocates more resources to Deafblind State Centres because they manage services across several districts and coordinate broader coverage. Deafblind Units receive targeted funding so they can focus on meeting needs within a single district. This balanced approach ensures partners can serve different populations effectively, based on local demand and organisational capacity.

Based on the financial records, the project followed a structured and transparent approach to fund allocation and utilisation. The total budget of **₹2.77 crore** was divided across different components to ensure comprehensive service delivery. Of this, **₹1.80 crore (65%)** supported direct services through seven partner organisations in 10 districts across three states, providing specialised education and rehabilitation for children and adults with deafblindness and multiple disabilities. The remaining **₹0.97 crore (35%)**, as stated by Sense International India, was used to cover the essential project infrastructure, such as technical oversight, capacity building, quality assurance, and coordination, as stated by the Sense International India team.

This funding enabled Sense International India to deliver strong technical support through **21 onsite training visits, 29 monitoring and evaluation visits, 12 mentoring sessions by senior professionals, national and regional training programs, network-building initiatives, and overall project management.**

Geographic Resource Allocation

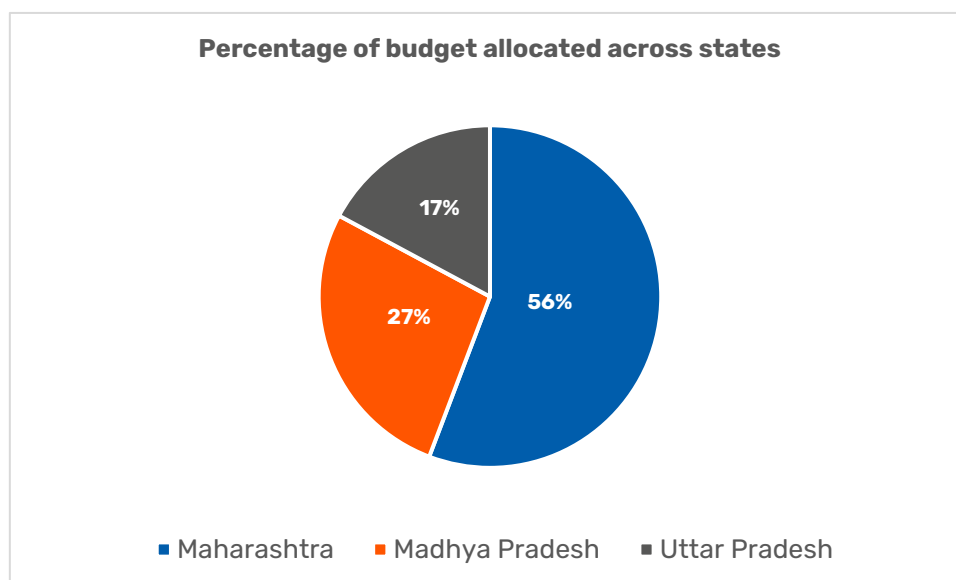


Figure 11: Amount allocated as per region¹⁸

Per beneficiary Cost Analysis

¹⁸ Resource allocation across partner NGOs, data shared by Sense International India

The highest cost efficiency was observed at MPVSS, Ujjain, which reported the lowest per-beneficiary cost of ₹22,377, followed by Sahayogini Palak Sanstha at ₹24,947 per beneficiary. In contrast, the highest per-beneficiary costs were recorded at Digidarshika (₹62,537), which was nearly three times higher than the most efficient partner, and at PGSS, which reported ₹61,824 per beneficiary.

Table 5: Per beneficiary cost analysis

Partner Organization	Total Budget (INR)	Total Beneficiaries	Per Beneficiary Cost(INR)
Digidarshika	2564000	41	62537
PGSS	3091200	50	61824
NAB Shirampur	2119200	59	35919
NAB Nashik	3900000	128	30469
NAB Solapur	2119200	74	28638
Sahayogini Palak Sanstha	1896000	76	24947
MPVSS, Ujjain	2304800	103	22377

3.5.2 Monitoring and Reporting Mechanisms

Sense International India used a monitoring system to ensure accountability, track progress, and maintain quality across partners. The system combined data collection, performance reviews, and structured reporting to guide decisions and improve services.

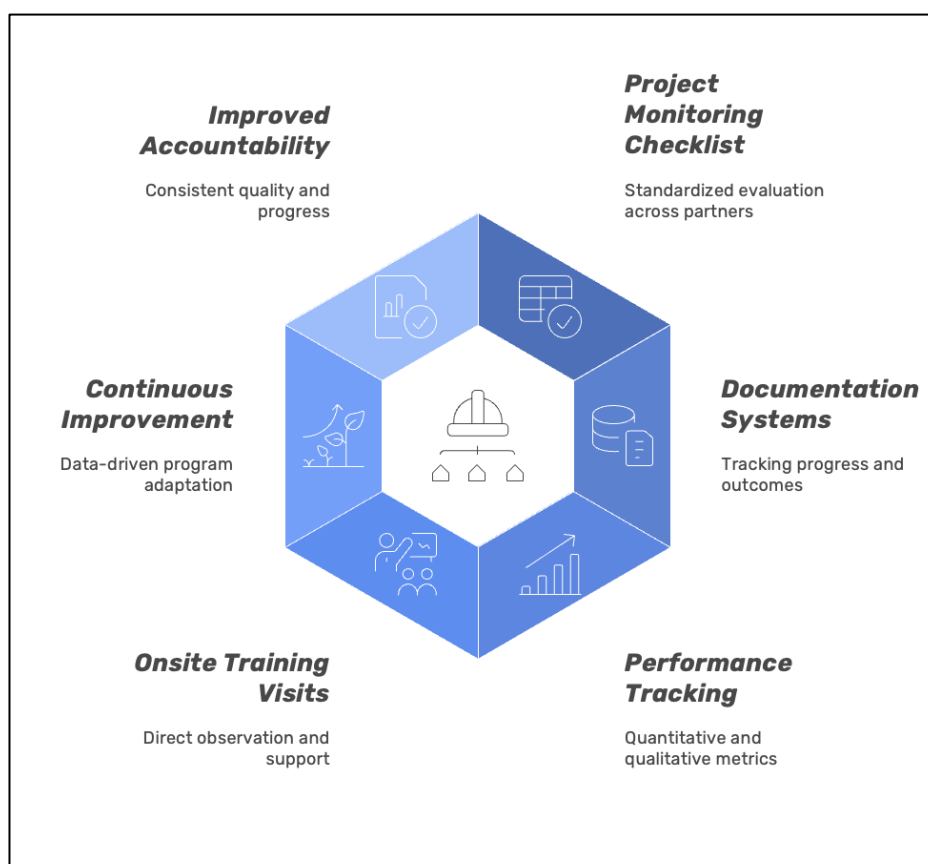


Figure 12: Enhancing Monitoring and Reporting

Monitoring System

Based on project documents from the *Comprehensive Education and Rehabilitation*

Services for People with Deafblindness project supported by Bajaj General Insurance Limited, Sense International India implemented a structured monitoring system.

Project Monitoring Structure

The system operated through a dual structure:

- **Internal Monitoring:** Project coordinators at partner organisations regularly reviewed Individual Education Plans (IEPs), tracked service delivery data, supervised staff, and ensured timely evaluations.
- **External Monitoring:** Sense International India's team conducted systematic visits to partner organisations, applied uniform evaluation criteria, and provided technical guidance and support.

Monitoring Activities and Frequency

The project carried out regular monitoring through:

- 21 onsite training visits that combined monitoring with staff capacity building and technical support.
- 29 project monitoring and evaluation visits (20 program monitoring and 9 financial monitoring visits) conducted throughout the project period.
- 12 mentoring visits by senior professionals to partner organizations.

These visits occurred every 6–8 months and focused on both compliance monitoring and continuous improvement support.

Documentation and Data Collection

Monitoring mechanisms were established through the Memorandum of Understanding (MoU) between Bajaj General Insurance Limited and the Sense International India. The Bajaj team adhered to the procedures outlined in the MoU to track and monitor processes within the project's scope.

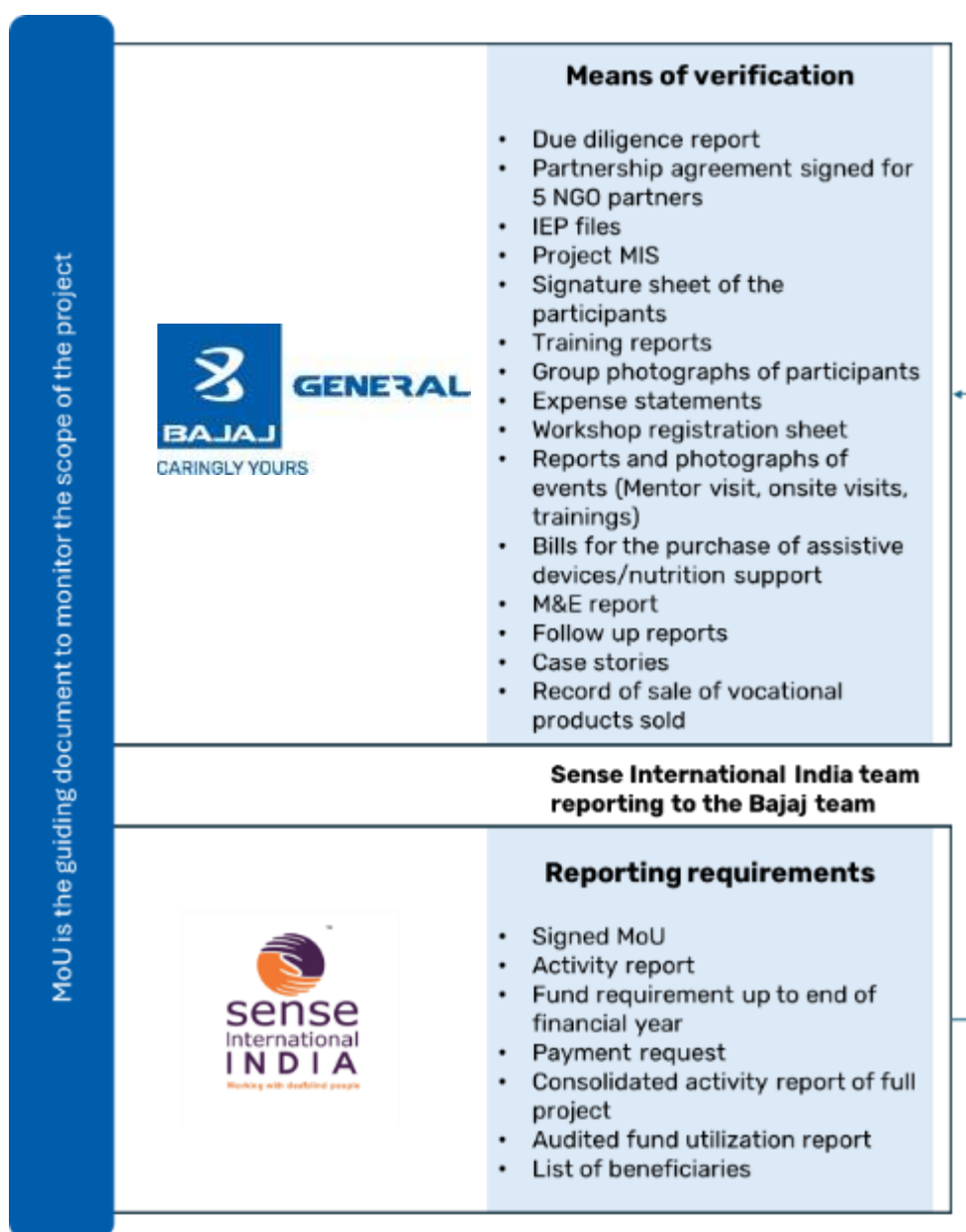


Figure 13: Monitoring mechanism followed as per the MoU

While most means of verification documents were shared, certain records such as bills, statements of expenses, and sales records of vocational products were not available with the beneficiary or the NGO partner during field visit.

3.6 Project Impact

3.6.1 Professional Service Quality

The project demonstrated its impact through measurable improvements in staff competency and service delivery. Investments in professional development strengthened 79 project staff, who then provided services to 531 beneficiaries with deafblindness and multiple disabilities.¹⁹

¹⁹ Training List of Trainers_Sense International India

Table 6: Capacity Building Activities Overview

Training Category	Target Group	Number Trained	Key Focus Areas
Caregiver Training	Parents/Family Members	745	Home-based intervention, communication, advocacy
Staff Capacity Building	Project Staff	79	Technical skills, assessment, intervention
Sign Language Training	Staff and Caregivers	39	Communication and interpretation skills
National Training	Network Members	20	Gender, sexuality, disability intersection
Regional Training	Field Workers/Educators	Multiple cohorts	Regional coordination, best practices
Project Management	Partner Organisations	Multiple	Project implementation, monitoring

Capacity building was a core focus of the project. All 79 staff members from the seven partner organisations maintained and enhanced their skills through mandatory participation in national and regional training programs, supported by onsite mentoring and monitoring visits. This approach allowed staff to adapt to evolving best practices, improving service quality for beneficiaries with deafblindness and multiple disabilities.

3.6.2 Individual Beneficiary Development Outcomes

The comprehensive intervention model implemented by Sense International India demonstrates measurable impact across multiple domains of individual development for children and adults with deafblindness and multiple disabilities. Through assessment, individualised planning, and evidence-based interventions, the project achieved significant functional improvements that enhanced quality of life and independence across the beneficiary population.

Functional Skill Improvements (Motor, Communication, Daily Living)

Sense International India's targeted interventions resulted in substantial functional skill improvements across motor, communication, and daily living domains for the 221 identified beneficiaries. The comprehensive assessment process, which included 126 vision assessments, 67 hearing assessments, 41 IQ assessments, and 84 multiple assessments, provided the foundation for individualised intervention planning that addressed specific functional needs across multiple disability categories.

Motor skill development interventions delivered to 130 service users through regular need-based therapy (physiotherapy, occupational therapy, and speech therapy) demonstrated a significant impact on muscle tone, mobility, and overall physical functioning. The project's theory of change specifically documents "improved motor

skills, muscle tone, and mobility" as direct outcomes of therapeutic interventions, reflecting evidence-based approaches tailored to the unique needs of individuals with deafblindness and multiple disabilities.

Table 7: Functional Skills Development Outcomes

Domain	Intervention Type	Beneficiaries Served	Specific Improvements Documented	Long-term Impact Indicators
Motor Skills	Physiotherapy, Occupational Therapy	130 individuals	Improved muscle tone, enhanced mobility, better coordination	Enhanced functional independence and socioeconomic empowerment
Communication	Speech Therapy, Sign Language Training	130 therapy recipients + 39 sign language trainees	Improved communication between caregivers and service users	Enhanced advocacy, awareness, collaboration, and support
Daily Living Skills	Individualized Education Plans (IEP)	221 identified individuals	Enhanced personal care, motor skills development	Improved functional abilities in daily living
Assistive Technology	Device Distribution & Training	181 device recipients	Improved functional abilities in communication, mobility, and daily living	Enhanced independence and community participation

Communication skill development represented a critical intervention area, with the distribution of 181 assistive and developmental devices complemented by comprehensive training in alternative communication methods. The sign language training program, which trained 39 participants, including 15 caregivers, created sustainable communication capacity within families and communities. This approach ensured that communication improvements extended beyond individual skill development to encompass environmental supports and family competencies.

Daily living skills enhancement occurred through individualised education planning and skill-building interventions that addressed personal care, mobility, and functional independence. The creation of Individualised Education Plans (IEPs) for all beneficiaries ensured that daily living skill development was tailored to specific disability profiles, family contexts, and individual capabilities while maintaining focus on practical outcomes that enhance quality of life and reduce dependence.

Educational and Cognitive Development Progress

For **children aged 0–6 years**, the team conducted assessments, therapies, and daily living training to build sensory and foundational skills while equipping families to provide home-based support.



Figure 14: Early Intervention session with a child, Sahayogini, Navi Mumbai



Figure 15: Centre-based early intervention session, Sehore

For **children aged 6–18 years**, the team, based on Individualised Education Plans (IEPs) had implemented specialised education to strengthen motor skills, personal care, and academic readiness, which improved school attendance and learning outcomes.



Figure 16: Learning through storytelling

For **adults above 18 years**, the team delivered pre-vocational and vocational training to develop employment skills and support independent living, fostering economic empowerment.



Figure 17: Adult with deafblindness operating a paper plate-making machine



Figure 18: Kirti recognising the grains to be put in the grain grinding machine

The project's emphasis on individualised assessment and planning ensured that cognitive interventions were appropriately matched to developmental levels while providing appropriate challenge and support to promote continued growth and learning across the lifespan.

Social and Behavioural Development Gains

To build social skills and reduce isolation, the project organised 10 outings, such as park visits and museum trips, that involved 419 participants, including service users and their caregivers. These outings gave participants opportunities to interact, make friends, and practice moving around in public, often for the first time.

Physical Health and Nutritional Improvements

The project aimed to strengthen physical health and stability for persons with deafblindness and multiple disabilities through a set of interventions. The assessment presented these interventions as contributing to improved health, physical stability, and participation in educational and community settings.

At the same time, feedback from the field suggested that the nutritional component, in particular, faced challenges in terms of continuity and adequacy, largely due to funding limitations. As a result, while nutritional support did reach families, it was not always delivered with the frequency or consistency required to ensure lasting improvements. This shows an important gap between intent and practice: sustainable progress in areas such as therapy, functional development, and participation often depends on regular nutrition and health support. Without adequate continuity, the long-term impact of these interventions remains limited, especially for the most vulnerable families.

3.6.3 Communication and Social Integration Impact

Community Participation and Inclusion

Community participation and inclusion outcomes reflect the project's systematic approach to addressing environmental barriers and building community capacity for inclusion. The linkage of 216 beneficiaries to government welfare schemes, including disability certificates and Unique Disability ID (UDID), provided essential documentation and access to entitlements that support community participation and inclusion.²⁰

Reduction in Social Isolation

The project treated the reduction of social isolation as a core outcome that supported all other social integration achievements. It addressed isolation at the individual, family, and community levels by building social connections and tackling environmental and attitudinal barriers to inclusion.

- At the **individual level**, beneficiaries' families reported reduced isolation through direct skill development that improved communication and social confidence. Assistive devices, communication training, and therapeutic support gave individuals the tools to initiate and maintain relationships and participate more actively in family and community life.
- At the **family level**, the project reached 745 caregivers through training that connected them with peer support networks, professional resources, and advocacy skills. Communication networks and support groups created ongoing linkages that reduced the sense of isolation often faced by families of children with complex disabilities.
- At the **community level**, the project carried out awareness activities, advocacy initiatives, and structured engagement to challenge stereotypes and highlight the contributions of persons with deafblindness and multiple disabilities. National and regional convenings gave visibility and voice to the deafblind community while strengthening alliances with the broader disability rights movement.

3.6.4 Capacity Building and Systems Strengthening Outcomes

The project strengthened the capacity of all beneficiaries through comprehensive training programs. Sense International India had used several methods to build skills among families, professionals, and organisations working with persons with deaf blindness. The methods include:

²⁰ Sense International India, 'Project Progress Report: Comprehensive Education and Rehabilitation Services for Deafblindness and Multiple Disabilities, Project 10467', New Delhi: SII Publications, 2023.

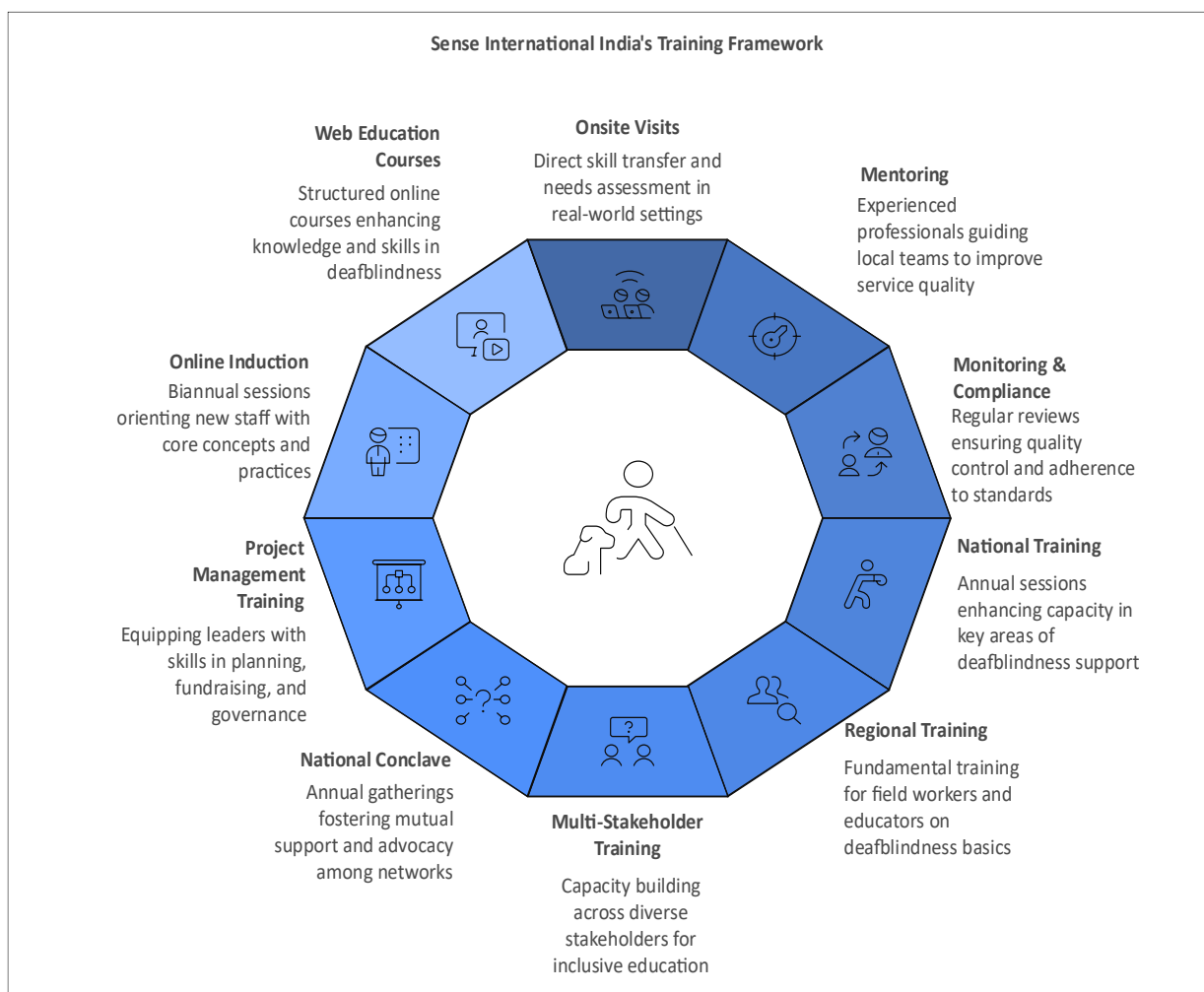


Figure 19: Methods used for capacity building²¹

1. Onsite Visits by Technical Teams

21 onsite visits provided direct skill transfer to special educators, CBR workers, and caregivers in their actual working settings. Teams worked alongside local staff, identified specific needs of persons with deaf blindness, their families, and caregivers. Mental health professionals also conducted specialised sessions to train both project teams and caregivers on addressing mental health concerns.

2. Mentoring by Senior Professionals

12 mentoring visits assigned experienced deafblindness professionals to each partner organisation. Mentors served as advisors and facilitators, helping local teams share experiences, seek information, and develop specialised expertise. This mentoring approach significantly improved the quality of services for people with deafblindness.

3. Monitoring, Evaluation & Compliance

29 monitoring visits by Sense India officials regularly reviewed project progress, identified successes and challenges, and ensured compliance with organisational

²¹ Sense International India, "Comprehensive Education and Rehabilitation Services for people with Deafblindness (Db) and Multiple Disabilities: Project Activity Report (15th May 2022 - 14th August 2024)," Project ID 10476.

standards. These visits maintained quality control and provided ongoing support to partner organisations.

4. National Training on Deafblindness

2 annual national trainings enhanced the capacity of caregivers, special educators, and CBR workers. Training covered key areas including:

- IEP development and evaluation for children with deafblindness
- Mental and sexual health identification and support
- Behaviour modification techniques for challenging behaviours
- Rights awareness under the RPwD Act 2016 for adults with deafblindness
- Government schemes and services navigation



Figure 20: National Training for Special Educators, Jan 2023 (SII)

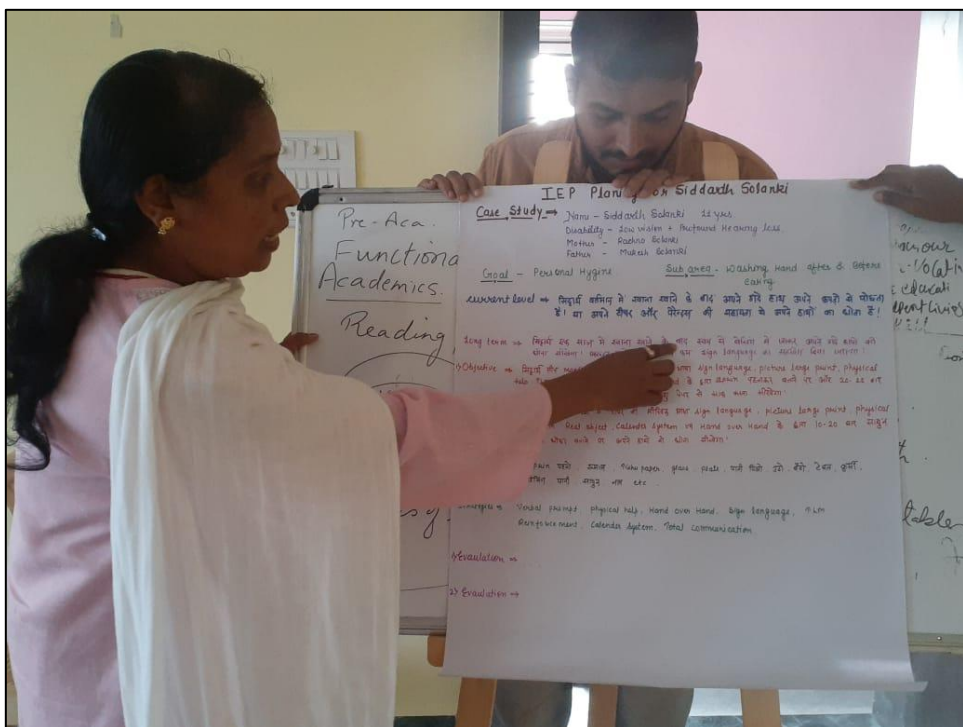


Figure 21: Educator sharing learnings with peers (MPVSS, Ujjain)

5. Regional Training Programs

2 regional trainings (3-5 days each) covered fundamental concepts for field workers and special educators:

- Deafblindness basics - screening and identification
- Communication development and independence skills
- Teaching methodology and IEP development
- Assistive technology and government scheme linkages
- Program planning from early intervention to vocational training

6. Multi-Stakeholder Training

Capacity-building sessions were organized at the state, district, and local levels to strengthen the knowledge and skills of key stakeholders. These included training inclusive education teachers on deafblindness awareness and effective teaching practices; orienting Anganwadi and ASHA workers on early identification and community referrals; guiding medical professionals in appropriate assessment and diagnosis; sensitizing government officials to policy frameworks and scheme implementation; and equipping NGO professionals to deliver services through collaborative approaches.



Figure 22:NAB Nashik ASHA Worker Sensitisation Programme (SII)



Figure 23: Medical-Paramedical Sensitisation Training, NAB Shrirampur (SI)

7. National Conclave of Networks

Annual gatherings brought together three national peer networks:

- Prayaas (Parents): 81 members for family support and advocacy
- Abhi-Prerna (Educators): 34 members for professional development
- Udaan (Adults with Deafblindness): 41 members for self-advocacy

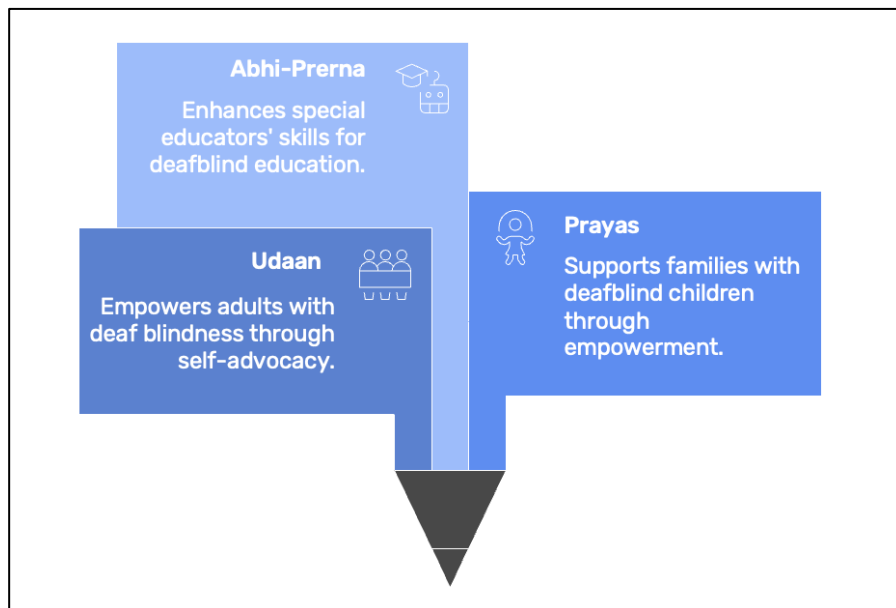


Figure 24: Building a unified support system

The conclave facilitated mutual support, information exchange, and collective advocacy while building capacity in disability rights, vocational training, and mental health awareness.

8. Project Management Training

National-level trainings equipped partner organization leaders with institutional capacity in:

- Project planning and implementation strategies

- Fundraising and resource mobilization
- Leadership and team management
- Governance and accountability systems
- Monitoring and evaluation frameworks
- Financial compliance and reporting standards

9. Online Induction Sessions

Biannual week-long online trainings oriented new staff joining partner organizations:

- Deafblindness introduction and core concepts
- Inclusive practices and service delivery approaches
- Safeguarding protocols for children and vulnerable adults
- Refresher training for existing staff on best practices

10. Web Education Certificate Courses

44 participants completed structured online courses (paid, free via referral codes for partner NGOs) covering:

- Deafblindness fundamentals and multi-sensory impairment
- Sign language proficiency development
- Communication modes and adaptation strategies
- Curriculum adaptation for inclusive education
- Individualised education program development

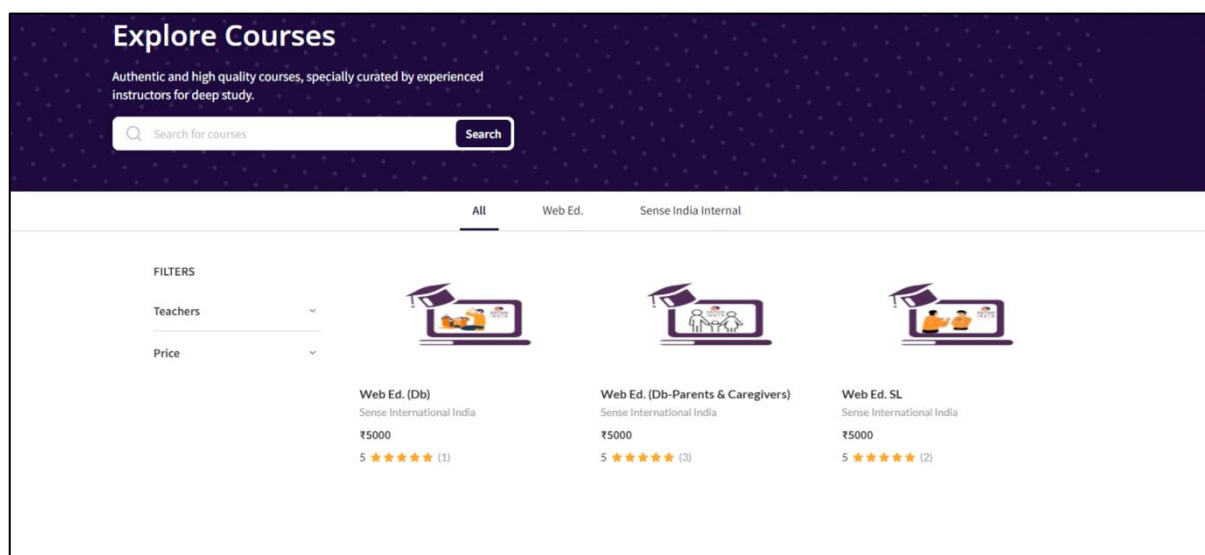


Figure 25: Interface of the e-learning courses

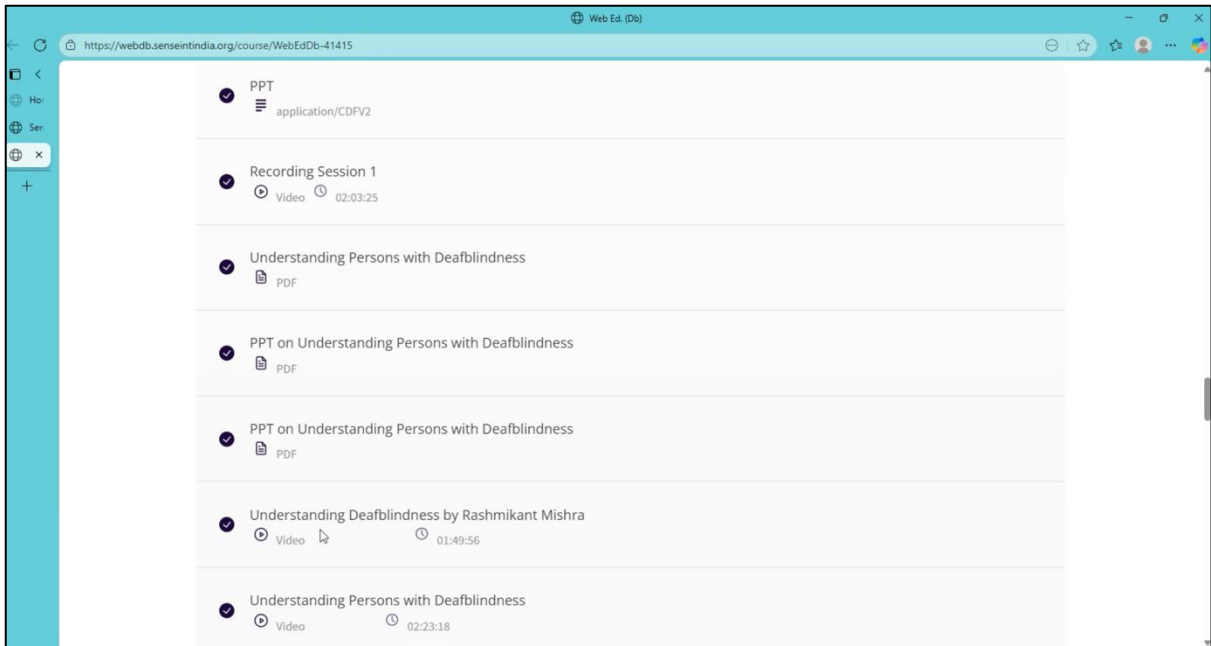


Figure 26: Live and recorded sessions with WhatsApp group support for queries

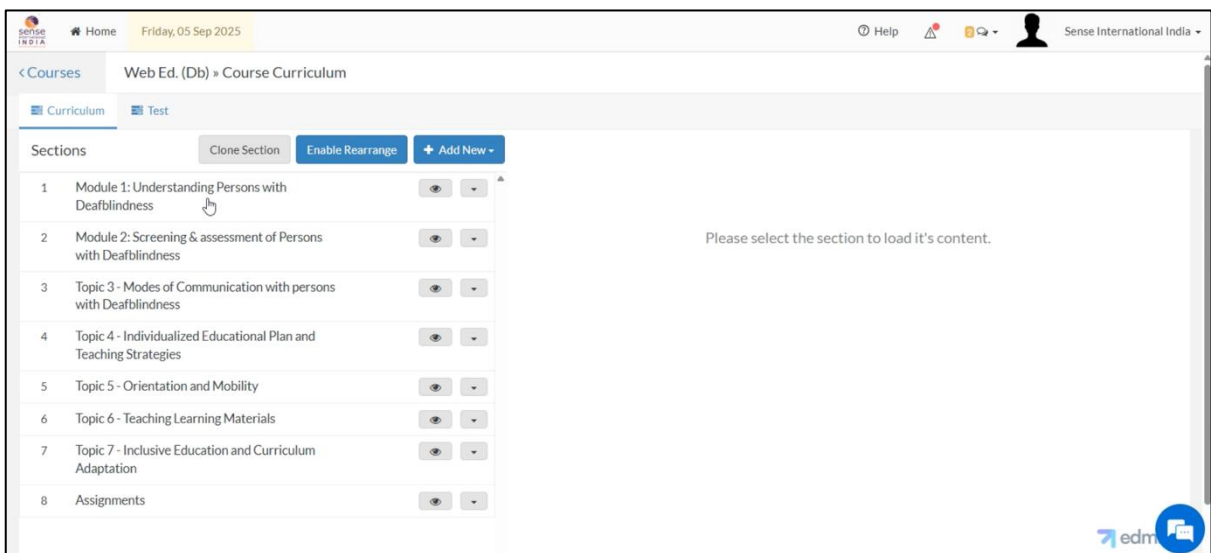


Figure 27: Sample Course Structure on Deafblindness

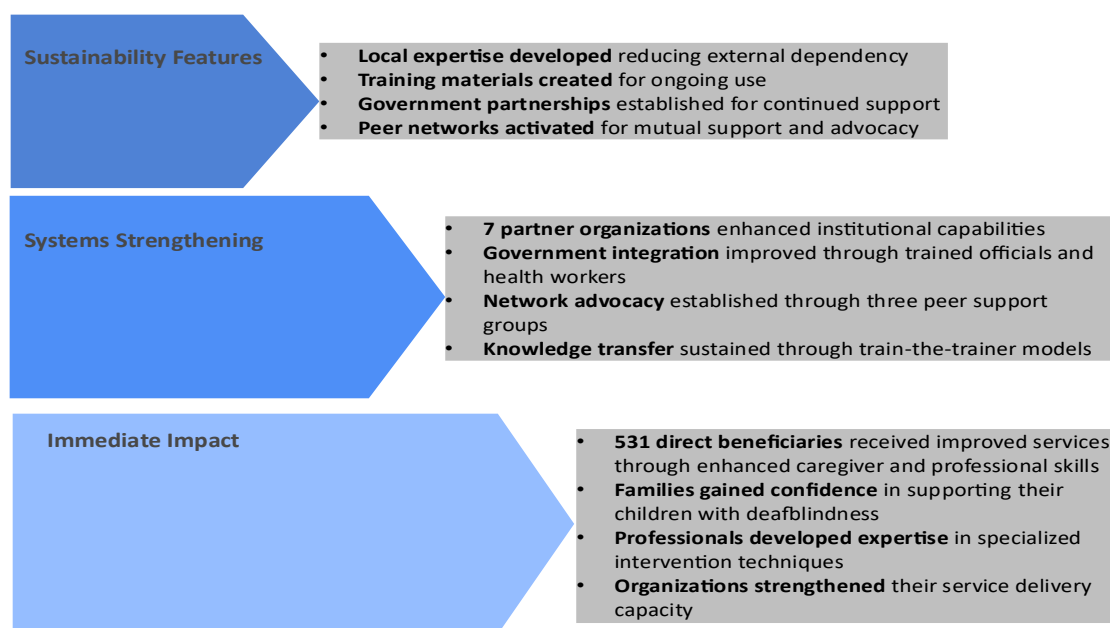


Figure 28: Capacity building outcomes

The comprehensive capacity-building approach has fostered a sustainable ecosystem in which partners are able to continue quality services independently, and networks provide peer support and advocacy. Government systems respond more effectively to persons with deafblindness, communities demonstrate greater awareness and acceptance, and families are empowered to advocate for their children’s rights.

CASE STUDY

Shyamlata Pandey – Sahayogini, Navi Mumbai (NGO Partner of Sense)

Shyamlata Pandey has been associated with Sahayogini since discovering the organization through local community referrals when she desperately needed support for her two daughters with disabilities. As a widowed mother living in Navi Mumbai, she faced the overwhelming challenge of caring for Lucky, who has mild functional limitations, and Anjali, who has multiple complex disabilities requiring full-time care, while supporting her eldest daughter's education on a single income.



She shared the immense barriers she faced as a single parent, including social stigma that prevented her from returning to her home village and financial pressures that threatened her family's stability. The lack of structured services for her daughters and absence of livelihood opportunities made her situation increasingly desperate. Despite these overwhelming obstacles, Shyamlata remained guided by her late husband's words: *"If there is one thing I want you to remember, it is to not compromise money in the matter of education for children, or anything for that matter of children."*

Through Sahayogini's comprehensive family-centred approach, Shyamlata found not just support but transformation. Lucky developed practical life skills through the centres' vocational training program, learning cooking, cleaning, and classroom assistance that made her functionally independent and economically contributory. Meanwhile, Anjali receives structured daily care that ensures her comfort, hygiene, and developmental support.

Shyamlata now works in the community roti-making kitchen project sponsored by Mahanagar Gas Limited at Sahayogini, earning ₹15,000 per month - a steady income that struggles but still provides financial stability for her three daughters. This livelihood opportunity keeps her closely connected to her daughters' care while maintaining her economic independence.

Today, Shyamlata serves as an informal peer mentor to other parents facing similar challenges, sharing her journey of resilience and transformation while advocating strongly for Sahayogini's programs. As she puts it: *"I would strongly recommend Sahayogini and its programs to other families dealing with deafblindness and multiple disabilities - the center didn't just help my children, it gave our whole family dignity, purpose, and a future we can believe in."*

3.6.5 Positive Outcomes

Community Attitude Shifts

- National training on deafblindness included sessions on gender, sex, and sexuality.

- Topics covered: bodily integrity, private vs. public boundaries, types of relationships, and managing emerging sexual needs.
- Participants gained clarity on addressing sexuality-related behaviours.
- Training helped overcome personal prejudices and encouraged open, informed discussions within partner organisations.

Innovation in Service Delivery

- Training programs replaced lecture-style teaching with role-plays, case studies, and experiential learning to improve engagement.
- The introduction of tactile sign language, accessible teaching-learning materials (TLM), and inclusive communication strategies enhanced accessibility.
- Multi-stakeholder sessions brought together adults with disabilities, families, educators, and interpreters to create strong support ecosystems.
- Age-appropriate strategies were developed for toddlers, children, and adults, filling an important gap in disability education.

3.7 Project Sustainability

Organisational Sustainability

- **Partnerships & Funding:** Sense International India worked with its partner NGO Sahayogini to build strong foundations for sustainability. With support in grant writing and capacity building, Sahayogini secured CSR funding (for example, from Mahanagar Gas Limited for a community kitchen project). This helped the organisation stay resilient even when funding was uncertain.
- **Parent-Led Model (for Sahayogini Palak Sanstha in Navi Mumbai):** Founded by parents of children with multiple disabilities, partner NGOs like Sahayogini operate with strong commitment and passion. This parent ownership ensures long-term service delivery and leadership continuity.

Service Delivery Sustainability

- **Employment Practices:** Parents of enrolled children are employed in roles such as classroom assistants and program support, creating sustainable livelihoods and stronger organisational capacity.
- **Infrastructure Support:** Transportation services and provision of assistive devices reduce geographic and functional barriers, ensuring consistent participation.

Strategic Sustainability Planning

- **Financial Resilience:** Multiple CSR partnerships reduce dependence on single donors.
- **Community Integration:** Combined focus on services, livelihoods, and community engagement strengthens sustainability across stakeholders.

RECOMMENDATIONS

दिव्यांगता किसी व्यक्ति की प्रशंसा
नहीं है।

4. Recommendations and Way Forward

Based on the primary data collection and on-ground interviews with the stakeholders of the project, this section delves into identifying the potential areas of improvement, for further strengthening the project from strategic and operational point of view.

4.1 Program Design and Delivery Enhancement

4.1.1 Hybrid Training Model Development

Current Challenge	Field observations reveal gaps between online course availability and actual completion, with professionals like physiotherapists lacking essential skills such as sign language despite available training modules.
Recommendation	Develop a hybrid training model combining online theoretical components with mandatory in-person practical sessions and competency assessments
Implementation Strategy	<ul style="list-style-type: none"> ▪ Implement mandatory completion requirements with regular assessments for online modules ▪ Create mentorship programs pairing experienced practitioners with new trainees ▪ Develop competency-based certification systems with renewal requirements

4.1.2 Specialised Professional Standards

Current Gap	Ambiguity in qualifications for sensitive service delivery, particularly sexuality education where male instructors lack clear professional credentials.
Recommendation	Establish minimum qualification standards and ongoing training requirements for all specialized service providers.
Implementation Strategy	<ul style="list-style-type: none"> ▪ Develop professional certification programs for sexuality education, mental health support, and specialized therapeutic services ▪ Establish clear protocols for handling sensitive topics with appropriate professional boundaries

4.2 Infrastructure and Accessibility Improvements

4.2.1 Universal Design Implementation

Field Observation	Partner organizations like Sahayogini effectively serve persons with disabilities despite non-accessible building infrastructure.
Recommendation	Develop infrastructure assessment in line with Harmonised Guidelines and Standards for Universal Accessibility in India (2021) and improvement protocols to ensure universal design compliance across all partner organizations.

Implementation Strategy	<ul style="list-style-type: none"> ▪ Conduct accessibility audits of all partner facilities ▪ Provide technical assistance and funding support for infrastructure modifications ▪ Establish minimum accessibility standards for partner organization certification
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4.3 Service Quality and Rights-Based Approach Strengthening

4.3.1 Progressive Sexuality Education Implementation

Current Limitation	Field observations showed that boys and girls were taught in separate rooms by different trainers. The main sexuality health trainer takes class for girls alone. This practice reinforced the perception that sexuality education was mainly “for girls” and kept traditional taboo barriers around these important topics.
Recommendation	Implement comprehensive, rights-based sexuality education programs that move beyond traditional gender segregation while respecting cultural sensitivities.
Implementation Strategy	<ul style="list-style-type: none"> ▪ Develop culturally appropriate, inclusive sexuality education curricula ▪ Train educators in progressive, rights-based approaches to sensitive topics ▪ Create family engagement strategies to address cultural concerns ▪ Establish clear guidelines for age-appropriate, inclusive service delivery

4.4 Sustainability and Financial Resilience

4.4.1 Diversified Funding Model Expansion

Current Gap	Sahayogini relies on a limited number of CSR donors and remains heavily dependent on Sense for service delivery.
Recommendation	Broaden funding streams by exploring crowdfunding, high-net-worth individuals, and sliding-scale revenue models.
Implementation Strategy	<ul style="list-style-type: none"> ▪ Train partners in diversified fundraising (crowdfunding campaigns, HNI engagement) ▪ Establish sliding-scale service fees to generate local income ▪ Create consortium proposals to access multi-donor grants and reduce reliance on single CSR sources

4.5 Innovation and Technology Integration

4.5.1 Digital Platform Development

Current Opportunity	Field observations showed trainers relying on traditional, in-person methods without digital tools, highlighting the need for enhanced technology integration in training delivery and service coordination.
Recommendation	Develop comprehensive digital platforms to support training delivery, case management, and network coordination.
Implementation Strategy	<ul style="list-style-type: none">▪ Create user-friendly digital training platforms with accessibility features▪ Develop case management systems for tracking individual progress and outcomes▪ Establish digital communication platforms for network coordination and peer learning

ANNEXURES



5. Annexures

5.1 Checklist for NGO Partner

To be filled by the NGO partner. All responses will be kept confidential and used for research and learning purposes only.

Qualifier questions

- Is your organisation one of the implementing partners for this program?
 - Yes No

Question	Your response (Please put a '✓' against your choice of option) (Please write your response in clearly written words for subjective questions)																								
NGO profile																									
Name of your organization																									
Name & designation of respondent																									
Location																									
When was the organization established?																									
Year of onboarding for providing support services (in partnership with Sense International India)																									
Number of service users supported through the project	<table border="1"> <thead> <tr> <th>Number of beneficiaries</th> <th>Male</th> <th>Female</th> <th>Others</th> </tr> </thead> <tbody> <tr> <td>Children (aged 0-6)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Children (age 6-18)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Adults (age 18+)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Parents/caregivers</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Trainers</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Number of beneficiaries	Male	Female	Others	Children (aged 0-6)				Children (age 6-18)				Adults (age 18+)				Parents/caregivers				Trainers			
	Number of beneficiaries	Male	Female	Others																					
	Children (aged 0-6)																								
	Children (age 6-18)																								
	Adults (age 18+)																								
	Parents/caregivers																								
Trainers																									
Staff training/capacity building																									
Number of project staff involved (supported by Sense International India)																									

Question	Your response (Please put a '✓' against your choice of option) (Please write your response in clearly written words for subjective questions)
Did you/staff receive the training/ capacity building from Sense?	
If yes, list the services.	
Identification & assessment of beneficiaries	
Were any beneficiary assessments done before planning interventions?	Yes (If yes, how many)
	No
	Not sure
Was clinical or functional assessment conducted for each beneficiary?	Yes (If yes, how many)
	No
	Not sure
Were IEPs (Individualized Education Plans) developed?	Yes (If yes, how many)
	No
	Not sure
Service Delivery	
What was the mode of service provided by you?	Home based
	Centre based
	Both
Were assistive devices provided to eligible beneficiaries?	Yes (If yes, how many)
	No
	Not sure
If yes (which assistive device and how many)?	Low vision spectacles
	Hearing Aid

Question	Your response (Please put a '✓' against your choice of option) (Please write your response in clearly written words for subjective questions)																				
	Braille slate Crutches Walker AFO (Ankle Foot Orthosis) & KAFO (Knee foot Orthosis) Toilet Chair MSIED kit (multi-sensory inclusive educational kit) CP Chair Other (please specify)																				
Did you provide therapy support?	<table border="1"> <thead> <tr> <th data-bbox="528 969 735 1066">Question</th> <th data-bbox="735 969 858 1066">Yes</th> <th data-bbox="858 969 986 1066">No</th> <th data-bbox="986 969 1114 1066">Not sure</th> <th data-bbox="1114 969 1380 1066">Number of beneficiaries</th> </tr> </thead> <tbody> <tr> <td data-bbox="528 1066 735 1142">Physiotherapy</td> <td data-bbox="735 1066 858 1142"><input type="checkbox"/></td> <td data-bbox="858 1066 986 1142"><input type="checkbox"/></td> <td data-bbox="986 1066 1114 1142"><input type="checkbox"/></td> <td data-bbox="1114 1066 1380 1142"></td> </tr> <tr> <td data-bbox="528 1142 735 1238">Occupational therapy</td> <td data-bbox="735 1142 858 1238"><input type="checkbox"/></td> <td data-bbox="858 1142 986 1238"><input type="checkbox"/></td> <td data-bbox="986 1142 1114 1238"><input type="checkbox"/></td> <td data-bbox="1114 1142 1380 1238"></td> </tr> <tr> <td data-bbox="528 1238 735 1314">Speech therapy</td> <td data-bbox="735 1238 858 1314"><input type="checkbox"/></td> <td data-bbox="858 1238 986 1314"><input type="checkbox"/></td> <td data-bbox="986 1238 1114 1314"><input type="checkbox"/></td> <td data-bbox="1114 1238 1380 1314"></td> </tr> </tbody> </table>	Question	Yes	No	Not sure	Number of beneficiaries	Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Question	Yes	No	Not sure	Number of beneficiaries																	
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Did you provide nutrition support?	Yes, (if yes, number of beneficiaries received support) No Not sure																				
Did you provide medical support?	Yes, (if yes, number of beneficiaries received support) No Not sure																				
Were exposure visits/outings conducted?	Yes, (if yes, number of visits and beneficiaries received support) No Not sure																				

Question	Your response (Please put a '✓' against your choice of option) (Please write your response in clearly written words for subjective questions)
Did you provide vocational training?	Yes, (if yes, number of beneficiaries received support)
	No
	Not sure
Did you provide seed fund?	Yes (If yes, how many beneficiaries received support, and what was the total amount provided (in INR))
	No
	Not sure
Linking beneficiaries to government schemes	
Did you link beneficiaries to any government scheme/s?	Yes, (if yes, number of beneficiaries linked)
	No
	Not sure
If yes, which government schemes or services are the beneficiaries linked to, and how many were linked?	Disability certificate
	UDID card
	Aadhar card
	Railway concession certificate
	City link bus pass
	Other (please specify)
Network members	
Did you conduct workshop with NGO?	Yes
	No
	Not sure
Did you conduct state level advocacy meet?	Yes
	No

Question	Your response (Please put a '✓' against your choice of option) (Please write your response in clearly written words for subjective questions)
	Not sure
Did you partner with any of these government department/s? (select all that apply)	District Disability Rehabilitation Centres (DDRC) Samagra Shiksha ALIMCO Other (please specify)

5.2 List of Trainers of Partner Organisations of Sense International India

List of Trainers from Partner Organizations Year: 2022-2023				
S. No.	Name	Designation	Professional Qualification	District
Sahayogini Palak Sanstha				
1	Vikas Dubey	Project Coordinator	D.Ed in Deafblindness and PGDCSR	Navi Mumbai
2	Sandeep Tiwari	Vocational Trainer	B.A. Hindi, D.Ed in Deafblindness	Navi Mumbai
3	Ankita	Special Educator	D.Ed Deafblindness and B.A.	Navi Mumbai
4	Priyanka	Special Educator	D.Ed Deafblindness	Navi Mumbai
5	Manisha	Field Worker	BSW	Navi Mumbai
6	Adinath Kadam	Field Worker	B.Com	Navi Mumbai
NAB Maharashtra Unit, Nashik				
1	Vaishali Gosavi	Project Coordinator	B.A., B.Ed, B.Ed Special Education	Dhule
2	Rahul Lachand Fulpagare	Special Educator	B.Ed Special Education (Hearing Impairment)	Dhule
3	Amol Laxman Wagh, Special educator	Special Educator	Diploma in Special Education (Visual Impairment)	Dhule
4	Vandana Kiran Chaudhari	Field Worker	B.A., B.Ed	Dhule
5	Vaimik Chandrakant Ghodera	Field Worker	Diploma in Special Education (Visual Impairment)	Dhule
6	Pooja Bhalariao	Project Coordinator	D.Ed in Deafblindness and B.Ed in Visual Impairment	Nashik
7	Rekha Nikam	Special Educator	D.Ed in Deafblindness	Nashik
8	Varsha Jadhav	Special Educator	D.Ed in Deafblindness	Nashik
9	Sandip Bagul	Vocational Trainer	D.Ed in Intellectual Disability	Nashik
10	Prajakta	Special Educator	B.Ed and D.Ed in Visual Impairment	Nashik
11	Bilal Maniyar	Special Educator	D.Ed in Visual Impairment and MSW	Nashik
12	Kamalakar Sonawane	Field Worker	D.Ed in Deafblindness	Nashik
13	Nirmala Mate	Field Worker	D.Ed in Intellectual Disability	Nashik
NAB Shrirampur				
1	Reshma.R.Tamboli	Project Coordinator	B.S.L., L.L.M.	Shrirampur
2	Yogesh.P.Bhambre	Special Educator	B.Ed in Visual Impairment	Shrirampur
3	Sunita Singh Kale	Special Educator	M.A., B.Ed in Hearing Impairment	Shrirampur
4	Ashwini Vaidya,	Special Educator	D.Ed in Hearing Impairment	Shrirampur
5	G.B.Chavan	Vocational Trainer	ITI- Electronics & Mechanical	Shrirampur
6	G.S.Khandagale	Field Worker	M.A. English, B.Ed	Shrirampur
7	Bhagyashree Bhambre	Field Worker	B.A., D.Ed in Intellectual Disability	Shrirampur
NAB Solapur				
1	Fulrani Yeswant Kamble	Project Coordinator	B. Com, Masters in Social Work	Solapur
2	Vishal Madhukar Shinde	Special Educator	B.A., Diploma in Special Education (Hearing Impairment)	Solapur
3	Brahmadev Ashok Kahirsagar	Special Educator	Diploma in Special Education (Visual Impairment)	Solapur
4	Shashikant Ramchandra Shendre	Special Educator	Diploma in Special Education (Intellectual Disability)	Solapur
5	Akanksha Ajinkya Dixit	Vocational Trainer	Training on vocational rehabilitation	Solapur
7	Bhagyashree Pawate	Field Worker	Diploma in Special Education (Visual Impairment)	Solapur
8	Varsha Kishorsingh Chavan	Field Worker	Diploma in Special Education (Intellectual Disability)	Solapur
MPVSS, Ujjain				
1	Anupriya	Project Coordinator	BPT	Ujjain
2	Sandhya Lakra	Special Educator (Promoted to Project Coordinator after Anupriya resignation)	B.Ed Special Education (Intellectual Disability), Diploma in career counselling	Ujjain
3	Vipul Kumar Yadav	Special Educator	Diploma in Special Education (Visual Impairment)	Ujjain
4	Avinash	Special Educator	Diploma in Special Education (Visual Impairment)	Ujjain
5	Sagar Ghotwal	Field Worker	Bachelor in Social Work	Ujjain
6	Divya Joshi	Field Worker	Diploma in Special Education (Intellectual Disability)	Ujjain
7	Rajpal Gohil	Field Worker	Master in Social Work	Ujjain
8	Khushboo Chaudhary	Vocational Trainer	B.Ed Special Education (Hearing Impairment)	Ujjain
Digdarshika (Bhopal & Sehore)				
1	Daulat Ram Singh	Project Coordinator	Diploma in Special Education (Deafblindness) from MPVSS	Bhopal
2	Rubeena Ladaf	Special Educator	B.Ed in Special Education (Hearing Impairment)	Bhopal
3	Mohit	Special Educator	Diploma in Special Education (Deafblindness)	Bhopal
4	Shefalli Deolia	Field Worker	PGDA (Hearing Impairment)	Bhopal
5	Ved Kumari	Field Worker	Pursuing Masters in Social Work	Bhopal
6	Vishnu Kushwah	Special Educator	Diploma in Special Education	Sehore
7	Farheen Mirza	Field Worker	Diploma in CBR	Sehore
8	Arun Patel	Field Worker	MBA and pursuing Post Graduate Diploma in Rural Development	Sehore
PGSSS (Maharajganj & Siddharthnagar)				
1	Vinay Kumar Maurya	Project Coordinator	MPT	Maharajganj
2	Sister Merin	Field Worker	MSW	Maharajganj
3	Anand Kumar	Field Worker	M.A.	Maharajganj
4	Ragini Singh	Special Educator	D.Ed in Hearing Impairment	Maharajganj
5	Devendra Kr. Chaudhury	Special Educator	D.Ed in Deafblindness	Maharajganj
6	Pooja Patil	Vocational Trainer	D.Ed. & B.Ed in Intellectual Disability	Maharajganj
7	Chinta Chaudhury	Special Educator	D.Ed in Deafblindness and M.A.	Siddharthnagar
8	Soni Mishra	Special Educator	D.Ed in Deafblindness	Siddharthnagar
9	Sonu Nae	Field Worker	B.A., DCA	Siddharthnagar
10	Sister Pramila	Field Worker	MSW	Siddharthnagar

5.4 Organisational Capacity Index(OCI)

The Organisational Capacity Index (OCI) is a comprehensive assessment tool used by Sense International India (SII) to evaluate the institutional strength and performance of its partner NGOs. The scoring is conducted through a multi-year comparison (2022–23 vs. 2023–24) across five critical pillars of organisational health, with a maximum achievable score of 100 points.

The OCI framework assesses partner NGOs across five core components: quality of services (40%), organisational structure (20%), financial accountability (16%), monitoring, evaluation and reporting (16%), and staff performance and commitment (8%).

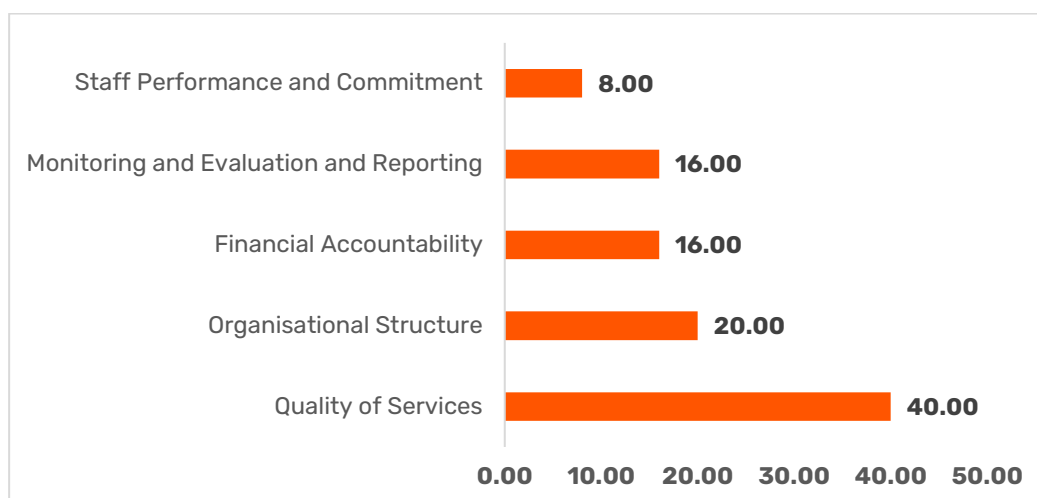


Figure 31: Weightage of different OCI components²²

Further, these components are broken down to assess the performance of different NGO partners that SII engaged with during the project period.

Analysis of components and sub-components;

Component I: Financial Accountability (Max Score: 16)

This component evaluates the partner's rigor and transparency in financial management, a critical factor in ensuring donor confidence and long-term operational sustainability.

Sub-components are as follows;

1. Documentation and financial records (4 pts) - **Highest weight under this component**
2. Availability of audited accounts (2 pts)
3. Timely submission of reports with vouchers (2 pts)

²² Source: OCI scoring sheet received from the Sense International India team

4. On-time and correct quarterly reports (2 pts)
5. Adherence to Financial Guidelines in MoU (4 pts) - **Highest weight under this component**
6. Capacity of accounting system (2 pts)

The highest weight is assigned to maintaining proper documentation and ensuring full adherence to financial guidelines (4 points each). This shows SII prioritizes financial documentation and compliance over mere timely submission.

Component II: Monitoring, Evaluation & Reporting (Max Score: 16)

This measures the partner's ability to effectively track progress, learn from implementation, and communicate results.

Sub-components are as follows;

1. M&E System Compliance Score (8 pts) - **Highest weight under this component**
2. Follow-up on mentors' recommendations (2 pts)
3. Reports submitted on time (2 pts)
4. Reports are complete and correct (4 pts) - **Significant weight under this component**

M&E system compliance accounts for 50% of the total points within this component (8 out of 16). This highlights SII's emphasis on establishing a robust and functional M&E system, rather than focusing solely on reporting.

Component III: Staff Performance and Commitment (Max Score: 8)

This evaluates human resource management and staff alignment with the organization's mission and policies.

Sub-components are as follows;

1. Job descriptions available (2 pts)
2. System of feedback to staff in place (2 pts)
3. Staff knowledge of NGO mission (2 pts)
4. Staff knowledge of key policies (Child Protection, etc.) (2 pts)

The points are distributed evenly across all four sub-components, reflecting that each is considered equally important for ensuring a well-functioning team.

Component IV: Quality of Services (Max Score: 40)

This is the largest and most critical component, as it directly reflects the impact on the primary beneficiaries - children with deafblindness.

Sub-components are as follows;

1. Updated IEP for all children (4 pts)
2. 6 hrs/week of care by trained staff (4 pts)
3. Appointment of a trained deafblind professional (4 pts)
4. Annual clinical/functional assessment (4 pts)
5. Access to appropriate aids & devices (4 pts)
6. Possession of Disability Certificate (4 pts)
7. Family involvement in planning (4 pts)
8. Annual training for special educators (4 pts)
9. Representation in networks (4 pts)
10. Existence of registered family networks (4 pts)

As the highest-weighted component (40% of the total score), it underscores the importance SII places on program quality and the direct impact on children with deafblindness, its primary beneficiaries.

Component V: Organisational Structure (Max Score: 20)

This examines the foundational governance, infrastructure, and financial sustainability of the partner organization.

Sub-components are as follows;

1. Accreditation (e.g., Credibility Alliance) (2 pts)
2. Appropriate infrastructure (10 pts) - Single highest weight of any sub-component
3. Regular Board meetings (2 pts)
4. Defined organogram (2 pts)
5. Diversified funding (<30% from SII) (2 pts)
6. Local fundraising from individuals (2 pts)

Infrastructure is assigned significant weight (10 points), emphasizing that a functional physical space is considered essential for effective project implementation. Similarly, the points allocated to financial diversification reflect a focus on promoting partner sustainability, reducing perpetual dependence on funding received from SII.

NGO comparison

Sense International India's partner assessment highlights notable performance disparities among seven NGO partners, with scores ranging from 66 to 83.25 out of 100. MPVSS leads the group with 83.25 points, closely followed by PGSS at 82 points, while NAB Shrirampur scores the lowest at 66, reflecting significant capacity gaps across the partner network.

NGO partners/OCI components	Financial accountability	Monitoring, evaluation and reporting	Staff performance and commitment	Quality of services	Organisational structure	Total	Rank (based on total score)
PGSS	11.5	14.25	8	35.75	12.5	82	2
MPVSS	11.5	13	6.75	34.5	17.5	83.25	1
Sahayogini Palak Sanstha	12	11.25	6.5	35.25	13.5	78.5	3
Digdarshika	11	12	6	29	12	70	5
NAB Shrirampur	9.5	8	5.75	28.75	14	66	7
NAB Nashik	12.25	13.5	7	31.5	13.5	77.75	4
NAB Solapur	11.75	10.5	5.5	27.75	13	68.5	6
Maximum score	16	16	8	40	20	100	

Figure 32: Performance of NGO partners on OCI

Notably, three of the four lowest-performing organizations belong to the NAB network, indicating network-level capacity-building needs rather than isolated organizational challenges. NAB Shirampur, in particular, requires urgent support across nearly all components, especially in M&E systems and service quality standards.

The assessment also reveals that SII's partner network comprises both exemplary performers and organizations requiring significant development, highlighting the need for differentiated support strategies to ensure consistent, high-quality deafblind services across all partner locations.

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