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ABHINAND CHARITABLE TRUST



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HIGHLIGHTS

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- Highlights of the Quarter
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FOUNDERS NOTE

Dear Friends and well wishers,

As we close another quarter, I pause to reflect on a season marked by momentum, meaningful partnerships, and some humbling lessons.

We had opportunities, scopes to improve and identified our strengths and resilience in our operational experiences.

We celebrated the successful completion of our two residential workshop for caregivers (Majority of them women). The stories that emerged were raw, real, and full of quiet resilience. These women are not just caregivers — they're torchbearers of inclusive care. Their feedback has also nudged us to rethink how we continue to up skill, support, and retain care giving talent in a space where burnout is real and recognition is rare. 46 caregivers were trained, and now they are under our monitoring support. We're thrilled to share that PACT INDIA's field operations got a much-needed boost with the addition of our first four-wheeler, donated generously by the Y4D Foundation and facilitated by Metta Social. This vehicle is already reducing travel delays for our rehab professionals and ensuring more consistent care across our partner Child Care Institutes (CCIs). It's a reminder that something as simple as reliable transport can have a direct impact on a child's rehabilitation journey.

This quarter brought both joy and challenges as we navigated team transitions. One learning stood out: the importance of timely hearing from the team to prepare them to be more agile and anticipatory. The quality of care we provide to children rests heavily on the quality of people we invest in. We had a rigorous process in identifying 3 key people to be sel.grade cluster leads for 15 our CCI's and few of our internal processes. Rather than hiring new people, we did this as a process of identifying the strengths in our existing resources. Opportunities were provided to all the staff who were interested to participate in this process. External evaluators evaluated the staff. We also had detailed peer feedback for all our employees which prompted us to help our fellow staff to nudge where they need support and strengthen their existing traits.

Our structured rollout of few key digital tools before 6 months within internal operations and field teams is beginning to bear fruit — better documentation, smoother communication, and clearer accountability. We're committed to becoming not just a compassionate organization but an efficient one. With addition of few new CCIs now functional and over 200+ children already impacted every month, we are more determined than ever to complete the loop — ensuring every child with special needs in institutional care gets a fair chance at rehabilitation, dignity, and independence.

Thank you for walking with us. Your belief in our mission turns possibility into practice.



Dr. Reuban Daniel
Head Of Programs & Operations
PACT INDIA

FEATURED ARTICLE

Documentation in the world of health care is merely looked upon as a routine administrative task. The fact is that it is the lifeline that holds the continuity, safety, and quality of care together. It is all the more a vital part in child rehabilitation settings, where complex, multidisciplinary interventions converge to nurture a wholistic development. It is a long-term progress for children with special needs, hence a sequence of documentation to capture the child's journey towards progress is very crucial. But beyond immediate clinical application, documentation also becomes the foundation for training and quality assurance. New staff members depend on clear case notes to get up to speed. Supervisors rely on them for evaluation and mentoring. Most importantly, when families/caregivers are included in the documentation process through shared reports or periodic updates, it keeps up the transparency and trust. It reassures caregivers that their child's journey is being watched over with care and planning.

Rehabilitation is a journey, not a one-time treatment. Each child enters with a unique story shaped by medical history, social environment, cognitive challenges, and emotional landscapes. Proper documentation ensures that the details of this journey are not lost between caregivers, shift transitions, or institutional changes. It gives voice to progress, flags setbacks, and provides critical guidance for what comes next. When crafted with intention and clarity, documentation serves as a compass in anchoring teams, guiding therapeutic adjustments, and reinforcing a child-centric approach.

For example, if a physiotherapist logs details of a child's muscle tone and postural responses during therapy, those insights directly inform how an occupational therapist designs adaptive routines. Similarly, a caregiver's observation about sleep disruptions or behavioural regressions may signal the need for psychiatric review or trigger a reassessment of medication. Documentation builds bridges across disciplines and in doing so, protects the child's holistic growth.

The absence or negligence of proper documentation creates a gap in records. A hastily written, incomplete note, or undocumented medication changes can have after effects that jeopardize a child's safety. Missed allergies, repeated mis entries in therapy sequences, or inconsistent care deviating from protocols leads to ethical liabilities.

Moreover, the toll of undocumented care is . Without evidence of a child's progress, teams may struggle with morale, feeling their efforts are invisible or ineffective. Families, too, may feel left in the dark, uncertain about goals, timelines, or next steps. The absence of documentation erodes confidence—not only in the care being delivered, but in the very system entrusted with a child's well-being.

In reflection, documentation in child rehabilitation is far more than paper trails or digital entries. It is a living narrative—a testament to each child's resilience and each caregiver's commitment. It is the difference between fragmented care and meaningful rehabilitation. And it is, ultimately, a matter of dignity: every child deserves a journey that is seen, remembered, and built upon.



Dr Merlyn Hilda PT
Co-Founder
PACT INDIA



HIGHLIGHTS OF THIS QUARTER

- Visits to our partnered CCI by Ms. Sathiya from APF, Mrs. Radhika Poovayya from Samvaad Institute of Speech and Hearing.
- Hosted a successful 2 day Caregiver's Residential Training for over 42 caregivers
- PACT got new wheels, Thanks to Y4D Team and Metta Social
- Comprehensive internal training and orientations to upgrade the team.
- caregiver session for ADL managing strategies by leveraging the fine motor skills of the child at St. Benedict's Home for Mentally Challenged Girls, Shimoga.
- Total no. of supervised sessions happened - 975.
- Total evaluations and assessment completed - 40



NOTABLE ACHIEVEMENT

- Caregivers Residential Training with over two impactful batches, 42 dedicated caregivers came together for two days of immersive, hands-on learning – covering safe handling, posture management, behavior support, feeding techniques, and more.
- PACT got new wheels! Y4D Foundation for their generous in-kind donation of a 4-wheeler, facilitated by our trusted partner Metta Social through their Stellantis - #HelpOnBoardProject.
- More than 1481 therapies occurred this quarter and 1 parents sensitization program at GFCT.
- New CCI screening at St. Benedict Home (for mentally challenged girls) , shimoga.
- Two hands on internship programs completed by the young aspiring therapists from Holy Cross College, Trichy and Christu Jayanti College.



EARLY INTERVENTION PROGRESS IN A CHILD WITH HYDROCEPHALUS – A CASE STUDY

Child: Male, 1 year 3 months

Diagnosis: Congenital Hydrocephalus – Post Ventriculoperitoneal (VP) Shunt

Setting: Government Shishu Mandira

Assessment Tool: Trivandrum Developmental Screening Chart (TDSC)

Date of Baseline Assessment: 24 March 2025

Initial Developmental Status:

- No head or neck control
- Unable to roll, sit, or stand
- Classified as developmentally delayed per TDSC

Background

This child, residing in a government-run Shishu Mandira, presented with significant gross motor delay following shunt surgery for congenital hydrocephalus. Using the Trivandrum Developmental Screening Chart (TDSC), the child's motor milestones were assessed and found to be markedly delayed, with an inability to roll, sit, or hold the head independently.



Intervention Strategy

A goal-oriented early intervention plan was initiated, focusing on building foundational motor skills:

- Phase 1: Promoted head and neck control through repeated pull-to-sit activities, holding both hands to initiate lifting and orientation.
- Phase 2: As neck control improved, supported sitting was gradually introduced and sustained with caregiver assistance.
- Phase 3: Engaged the child in intentional hand activities during seated play, guided by trained nurses and caregivers.
- Phase 4: Transitioned to sit-to-stand training with support, reinforcing lower limb activation and balance.

Developmental Gains (After 3 Months)

- Now able to independently transition from lying to sitting
- Demonstrates improved trunk stability and sustained upright sitting
- Shows significant hand function progress, including midline play and reaching
- Actively initiates sit-to-stand movement with support
- Reassessment with TDSC indicates movement toward age-appropriate motor milestones

The child has shown marked improvement in gross motor function over a three-month period, supported by structured physiotherapy and consistent caregiver involvement. The use of TDSC has allowed for measurable tracking of developmental progress. This case reinforces the effectiveness of early intervention in institutional care settings and the critical role of caregiver training in sustaining developmental gains.



Prepared by:

Intervention & Training Team

Prakhyata Abhinand Charitable Trust (PACT) India

Date: 5 July 2025

REVIVE POHCS, BRINGING HOPE AND HEALING TO CHILDREN IN THE COMMUNITY – SELF GENERATION PROGRAM OF PACT INDIA.

Nestled in the heart of Horamavu, Bengaluru, Revive Physiotherapy, Occupational & Ergonomics Health Consultancy Services (Revive POHCS) isn't just another clinic, it's a self-sustaining force of care, compassion, and commitment to the community.

Founded in 2012 by Dr. Merlyn Hilda PT as a simple physiotherapy clinic, Revive has grown into a trusted hub for pediatric rehabilitation, focusing on children with neurological and developmental needs. It serves in the domains of not only physiotherapy but also occupational therapy, speech services and more. From cerebral palsy to scoliosis, spina bifida to coordination issues, the Revive team blends deep clinical expertise with gentle, hands-on care to help kids move, play, and live better.

What Makes Revive Special for Children?

- Personalized therapy for conditions like muscular dystrophy, brachial plexus injuries, and traumatic brain injuries
- Holistic interventions using manual therapy, neuro-developmental treatment (NDT), electrotherapy, and guided exercise
- A strong focus on building motor skills, independence, and daily functional abilities

REVIVE is not confined to just the clinical services but it is a program pillar that's a part of PACT INDIA as a self generation program since 2020, the team takes its mission to Child Care Institutions (CCIs) to serve the OAS children with special needs, delivering therapy and training where it's needed most. Whether it's assessing a child's needs or coaching caregivers in therapeutic handling and stretching, Revive ensures quality services in every corner.

Revive POHCS stands tall as a self-generating support system within the community raising the bar for pediatric care with quality, purpose, and heart. For families, caregivers, and young dreamers alike, Revive is more than a clinic; it's where progress begins and possibilities shine.



*Dr. Pristy Paul PT
Associate Co-Lead
PACT INDIA*



POWER MEETUPS

-PACT was privileged to host Ms. Sathya from APF as a part of their Reflection learning and conversation (RLC) visit to our field .Pact organized the visit to three of our partner Care homes and child care institutes. Her thoughtful engagement with the children, caregivers, and management teams was deeply appreciated. She took the time to listen carefully, shared valuable feedback, and provided meaningful guidance to our team. Her approach was both approachable and insightful, making the visit a valuable experience that offered important learnings for all of us.

- Amar Seva Sangam (ASSA) is dedicated to empowering persons with disabilities by providing rehabilitation services, promoting their rights, and advocating for inclusive policies. We have been fortunate to collaborate with ASSA over the past year. As part of this partnership, we recently participated in a valuable 3-day training program focused on OT evaluation, fine motor evaluation, and postural assessment. We sincerely thank the trainers and the ASSA team for equipping us with the knowledge and skills to carry out these assessments effectively within the EI App.

- PACT was grateful to have Mrs. Radhika Poovayya, a Speech Language Pathologist and US Board Certified Behavior Analyst, also the founder and Director of Samvaad Institute and Samvaad centres for speech therapy and ABA therapy for having a visit at our partner CCI. PACT has been collaborating with Samvaad institute from the month of September 2024 and and we are grateful for their support, which has brought remarkable improvements in speech and swallowing outcomes for children in our partnered CCIs.

-PACT was grateful to have a meetup with the DCPO of Hubballi for proposal, updates and discussions over PACT's future endeavors .



JOB OPENINGS

REHAB THERAPIST (2)
PHYSIOTHERAPIST (1)
FUNDRAISING COORDINATOR (1)
OCCUPATIONAL THERAPIST (1)

Job Location: Bangalore
(Including traveling to the rural community)
Date of Joining: Immediate
Selection based on interviews and competency mapping.

Domain Partners



Funding Partners



Knowledge Partners



Program Partners



Service Partners



BE A HERO

Support PACT

PACT India is committed to rehabilitating OAS children with special needs in CCIs. Contribute and bear the cost towards the betterment of the abandoned, surrendered and orphaned children with special needs at PACT

- A Child's Rehab Care for a month @ Rs 3800/-
- A Child's Healthcare Requirements for a month @Rs. 1200/-
- Child Care Institutes' (CCI) annual rehab care needs Rs. 45500/-
- Support a child with a recurring donation ranging from Rs. 100- Rs. 1000.

Make an open donation for PACT to use the funds based on urgent and important needs

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