



## **GLOBAL GRANTS COMMUNITY ASSESSMENT RESULTS**

**Use this form to report community assessment findings to The Rotary Foundation when you apply for a global grant.**

Assessing the strengths, weaknesses, needs, and assets of the community you plan to help is an essential first step in designing an effective and sustainable global grant project. See [Community Assessment Tools](#) for full instructions and helpful tips.

This form will help you report the results of your community assessment, and it's required when you apply for any humanitarian or vocational training team grant. Complete a separate form for each beneficiary community (e.g., school, health care system, or village), using information that is both current and specific to each community. Remember, you can't use global grant funds to cover the cost of doing an assessment, but you can use district grant funds.

### **COMMUNITY OVERVIEW**

Describe the characteristics (such as geographic information, main sources of income, population size, and access to education and health services) of the specific community where this project will take place.

Kanjirappally is a taluk and town in Kottayam district. It is a semi-urban region located in the eastern part of Kottayam district. It has a population of approximately 250,000 people with a significant proportion of elderly residents. The local economy is primarily driven by agriculture (rubber, spices, and paddy cultivation), supplemented by small businesses. Many households also depend on remittances from family members working abroad. Kanjirappally has strong educational infrastructure, with government and private schools and colleges. Literacy levels are very high, in line with Kerala's average of 96%. The region also has Primary Health Centres (PHCs), government hospitals, and some private hospitals for acute care. However specialized rehabilitation facilities are absent. Government services are very few and private centres are very expensive. Those requiring rehabilitation must travel long distance to get quality and affordable services.

## **COLLECTING COMMUNITY ASSESSMENT DATA**

When you conducted the assessment, who in the community did you speak to? At least two different community representatives and beneficiaries who are not involved in Rotary (such as teachers, doctors, or community leaders) should be included in the discussions.

When in the last year did the discussions occur?

During the assessment, we spoke to multiple representatives including beneficiaries in Kottayam district.

- Rehabilitation doctors – PMR physicians provided insights on current scenario where they have no dedicated centres where neurological rehabilitation can be addressed. Many people are not aware of rehabilitation potential and are having preventable complications like infections, muscle contractures and bedsores which affect both patients and caregivers quality of life. Children with conditions like cerebral palsy are having preventable complications like muscle contractures and protein energy malnutrition due to swallowing dysfunctions, poor dietary intake, which affect both child and caregivers quality of life.
- Patients with stroke and spinal cord injury – Patients with stroke and SCI are finding it difficult to receive inpatient rehabilitation. Centres available are expensive private hospitals which are not affordable.
- Parents of Special need children – Parents are finding it difficult to receive holistic rehabilitation. Centres available are expensive private centres which are not affordable.
- Local Thanal committee members – They are active in palliative care and get requests for rehabilitation services. They feel it will be beneficial to bed ridden people to get back to independence who are otherwise dependent on palliative services. There is need for quality child rehabilitation centre and it will ease the burden of parents.

What methods did you use to collect information from community members (such as community meetings, interviews, or focus groups)?

- Community meetings at Kanjirapally with local leaders and committee members.
- Patient surveys conducted at nearby Thanal centres to gather structured feedback on needs and service gaps.

## **TARGET POPULATION**

Who will benefit directly from the project? List the groups that will benefit (such as schools, hospitals, vocational training centers, cooperatives, or villages).

The following groups will benefit directly from the project:

- Patients with stroke, traumatic brain injury, Parkinson's disease and spinal cord injury – who will receive evidence based inpatient and outpatient neurorehabilitation.
- Children with developmental delay, Neurodevelopmental disorders like ADHD, ASD, Cerebral Palsy, Learning Disabilities, Genetic Disorders like Down Syndrome, Muscular Dystrophies
- Caregivers and families – through training, counselling, and long-term follow-up support.
- Primary Health Centres (PHCs) Anganwadis, Regular Schools and Special schools – which will have a referral pathway for children requiring rehab interventions.
- Health workers (ASHA, nurses, PHC staff) – who will be trained in early identification and referral.
- Private hospitals-for referring high risk neonates and adults with neurological disability.
- Local Communities – through developmental screening camp, stroke awareness camps.

Describe the process of how the beneficiaries were identified.

1. Palliative care services – Palliative care providers who are active in the area has data on number of people with stroke and spinal cord injury.
2. Community based activities – social workers who are active in the area has data on number of children with developmental delay and neurodevelopmental disorders
3. Patient surveys conducted at nearby Thanal centres to gather structured feedback on needs and service gaps.

## **COMMUNITY STRENGTHS, NEEDS, PRIORITIES, AND PROJECT DESIGN**

Describe what members of the community said matters to them during the assessment.

During the assessment, community members highlighted the following priorities:

- Accessible and affordable centre within Kottayam as travelling with bedbound patients are very challenging.
- Rehabilitation centre for and continuity of care after hospital discharge.
- Experienced doctors who can address their concerns.
- Employment and going back to regular life after stroke.
- To ensure inclusive education for children with disability

Describe the community's strengths and resources.

The community in Kottayam has several strengths and resources that support this project:

- High literacy and awareness levels.
- Culture of family caregiving – families are committed to supporting patients in best way possible.
- Existing healthcare network can provide acute care and can serve as referral partners.
- Active volunteer and community committees – Thanal local committees and other volunteer groups are willing to take responsibility for sustaining programs.

Describe any challenges and gaps in the community's behaviors, skills, and knowledge.

- Limited awareness of rehabilitation and recovery potential
- Limited awareness of neurodevelopmental disorders, early intervention concept, inclusive education concept and neurodiversity
- Dependence on inconsistent care – families often rely on informal or untrained therapists, resulting in inconsistent or ineffective therapy.
- Low knowledge of secondary prevention – patients and families have little awareness about controlling risk factors such as blood pressure, diabetes, cholesterol, smoking, and alcohol.
- Patients and families have little awareness about comorbidities seen in special need children like protein energy malnutrition, vitamin and mineral deficiency, thyroid dysfunctions, childhood obesity, anemia and rickets.

What issues will the project address, and how does the community currently address those issues?

Issues the project will address:

- Lack of neurorehabilitation centres in Kottayam.
- Lack of Early Intervention centres in Kottayam.
- Absence of caregiver training and psychosocial support.
- Fragmented referral pathways between hospitals, PHCs, and community care.

How the community currently addresses these issues:

- Families rely on physiotherapy at home, often without standardized protocols.
- Families depend on palliative care services for rehabilitation.
- Patients travel to rehabilitation centres in other districts, which is usually for a short period.
- Caregivers learn through trial and error, leading to burnout and inconsistent care quality.

Provide the specific details of the project design and how it will solve these issues.

The project will establish a comprehensive Neurorehabilitation and Early Intervention Centre in Kanjirappally, Kottayam District, and integrating care for both adults with neurological disabilities and children with developmental challenges. The centre will function as a 20-bed inpatient and outpatient adult rehabilitation centre, along with a structured early intervention unit for children.

Key Components:

1. Adult Inpatient & Outpatient Rehabilitation – Multidisciplinary care for stroke, spinal cord injury, brain injury and other neurological conditions, including physiotherapy, occupational therapy, speech and swallow therapy, psychology, and PMR consultation using standardized protocols.
2. Child Early Intervention Services – Early identification and therapy for developmental delays, autism, cerebral palsy, genetic conditions, and learning disabilities. Multidisciplinary outpatient support will include physiotherapy, occupational therapy, speech therapy, remedial training, psychology, and special education.
3. Caregiver Training & Counseling – Regular structured training for families of both adult and pediatric patients, equipping them to provide safe, effective, and stimulating care at home, reducing burnout and improving outcomes.
4. Telerehabilitation – Digital follow-up via video consultations, structured video-based home programs, and therapist-guided online therapy for patients and children unable to attend the centre regularly.
5. Community Screening & Prevention –
  - o Adults: Stroke-risk assessment using WHO/ISH protocols, vital checks, and prevention awareness programs.
  - o Children: Developmental screening in collaboration with Panchayats, PHCs, and Anganwadis, along with awareness campaigns to promote inclusive education and reduce stigma.
6. Referral Network – Coordination with local hospitals, PHCs, and Anganwadis to streamline referrals and ensure continuity of care.
7. Capacity Building – Training ASHA workers, PHC staff, and anganwadi teachers to identify neurological disability and developmental delay early, and refer appropriately.

How this solves existing issues:

- Replaces ad-hoc physiotherapy or fragmented therapy with evidence-based, multidisciplinary rehabilitation.
- Reduces travel burden by providing both adult and child rehabilitation locally within Kottayam district.
- Addresses caregiver stress through systematic training, counselling, and peer support.
- Improves stroke prevention and disability awareness through community-based screening programs.
- Enables children with developmental delays to achieve school readiness and inclusive education, reducing long-term disability burden.
- Builds community acceptance and accessibility for neurodivergent children and adults with disability.

Describe the long-term plan for the project (such as oversight, financial responsibilities, and expected behavior change) after Rotary’s involvement ends.

**Long-Term Plan:**

Over time, the centre will embed a culture of rehabilitation across the lifespan—from newborns with developmental challenges to adults with acquired neurological disabilities—ensuring that Kanjirappally becomes a model district for inclusive, community-owned, and sustainable neurorehabilitation services.

**Oversight & Governance:**

The centre will be managed under the Thanal Organisation, with the Kanjirappally Local Committee serving as the governing body to ensure implementation, community engagement, and accountability.

- Thanal’s Neurorehabilitation Program Team will oversee clinical activities for adults, focusing on patient recovery and evidence-based rehabilitation protocols.
- Thanal’s Early Intervention Program Team will provide technical assistance for pediatric services, monitoring child progress and ensuring adherence to developmental care standards.

**Financial Sustainability:**

- Patient Revenue: Affordable fee-based inpatient, outpatient, and therapy services will provide steady income.
- Crowd funding & Donations: Community-based fundraising and philanthropy will cover the costs of low-income patients.
- Partnerships: Collaborations with Government agencies, NGOs, schools, and hospitals will strengthen referral networks and ongoing program support.

**Capacity Building:**

Local staff—including therapists, special educators, and healthcare workers—will be continuously trained in evidence-based protocols. This ensures service continuity without dependency on external experts. Training will extend to ASHA workers, anganwadi teachers, and PHC staff for early identification and referrals.

**Expected Behaviour Change:**

- For Adults:
  - o Families will begin to see rehabilitation as an integral part of recovery, not something that ends at hospital discharge.
  - o Caregivers will gain confidence in safe patient handling, reducing burnout.
  - o The community will normalize stroke-risk screening and secondary prevention as part of routine health activities.
  - o Disability will be reframed as a manageable condition, enabling better reintegration into society and workplaces.
- For Children:
  - o The community will move from a “wait and see” approach to a “detect and act early” approach, ensuring intervention during the critical neuroplasticity window (first 5 years).
  - o Children will benefit from improved motor independence, functional communication, emotional regulation, and school readiness.
  - o Early detection of nutrition-related conditions (protein-energy malnutrition, vitamin/mineral deficiencies, thyroid disorders, anaemia, rickets, etc.) will reduce preventable

developmental risks.

- o Parents will adopt positive caregiving practices, gain confidence in managing their child's needs, and experience reduced stress through counselling and peer support.
- o Communities will develop stronger acceptance of neurodivergent children, reducing stigma and building inclusive environments across families, schools, and health systems.

**ENVIRONMENTAL ASSESSMENT (FOR ALL ENVIRONMENT AND WATER, SANITATION, AND HYGIENE PROJECTS)**

What are currently the greatest environmental threats to local land, air, water resources, and the ecosystem?

No Threats

List any cultural practices that are relevant to the project (such as agricultural techniques or traditions).

None

What positive and negative environmental changes do you expect to result from the project?

None